schip
EVALUATION
U.S. Department of Health and Human Services

State Children's Health Insurance Program Evaluation Public Access Materials

Survey Instrument

June 2006

CONTENTS

FOR CALL BACKS WITH AN IDENTIFIED PERSON,
START WITH 1.9

Hello, my name is (INTERVIEWER NAME), and I'm calling from Mathematica Policy Research in Princeton, NJ.

We are doing a study for the U.S. Department of Health and Human Services about (SCHIP/MEDICAID), the health insurance program (CHILD) has been enrolled in.

The study is about what works well for children in (SCHIP/MEDICAID), and what does not work so well, and to hear about people's experiences with the program.

PROBE (IF RESPONDENT DOES NOT KNOW PROGRAM): (SCHIP/MEDICAID) is the health insurance program that covers medical and dental care expenses for children. You may also know this program as (NAME OF PLAN).

PROBE (IF RESPONDENT SAYS (CHILD) NO LONGER IN PROGRAM) That is ok. We are very interested in people's experiences with the program for children no longer in (SCHIP/MEDICAID).

PROBE IF NECESSARY: Mathematica Policy Research in Princeton, NJ is conducting this study for the U.S. Department of Health and Human Services to determine if children are getting the health care they need throughout the United States.

1.1   Is (CHILD) living in your household right now?

01	YES	GO TO 1.5
02	NO	GOT TO 1.2
D	DK	Thank you very much. Good-bye.
R	REF	Thank you very much. Good-bye.

1.2   Can you tell me how to get in touch with someone where the child is living now?

PROBE: Your information is confidential. We will only use this information to contact an adult living with (CHILD) about (SCHIP/MEDICAID).

01	YES	GO TO 1.4
02	NO	Thank you very much. Good-bye.
D	DK	
R	REF	

1.4   PLEASE ASK AND RECORD NAME OF CONTACT PERSON, ADDRESS AND/OR TELEPHONE NUMBER.

IF PERSON CAN ONLY PROVIDE TELEPHONE NUMBER, ASK IF CHILD IS STILL LIVING IN (STATE SAMPLE WAS SELECTED FROM).

NAME OF PERSON TO CONTACT	
STREET ADDRESS	
CITY	
STATE AND ZIP CODE	
TELEPHONE NUMBERS	
BEST DATES TO CALL	
BEST TIMES TO CONTACT	

Thank you very much for your help. I will contact the person you mentioned. Good-bye.

1.5   Are you the person who is most familiar with (CHILD)'s health and health care?

01	YES	
02	NO	GO TO 1.6
d	DK	
r	REF	

1.5.1   Are you 18 years of age or older?

01	YES	GO TO 1.10
02	NO	GO TO 1.5.2
d	DK	
r	REF	

1.5.2   Are you (CHILD)'s biological parent?

01	YES	GO TO 1.10
02	NO	GO TO 1.6
d	DK	
r	REF	

1.6   I need to speak with someone who is 18 or older or who is the biological parent of (CHILD) and who is the person familiar with (CHILD)'s healthcare. May I please speak with that person?

01	YES	GO TO 1.9
02	NOT AVAILABLE	GO TO 1.7
d	DK	
r	REF	Thank you very much. Good-bye.

1.7   GET NAME OF PERSON AND TIME TO CALL.

NAME OF PERSON	
BEST DATES TO CALL	
BEST TIMES TO CALL	
REFUSED	Thank you very much. Good-bye.

Thank you very much. I will call this person back later.

IF THIS IS A CALLBACK TO PERSON ESTABLISHED BY OTHER PERSON AS PERSON MOST FAMILIAR WITH CHILD HEALTH CARE START HERE

1.9.1   Hello, my name is (INTERVIEWER NAME), and I'm calling from Mathematica Policy Research in Princeton, NJ.

We are doing a study for the U.S. Department of Health and Human Services about (SCHIP/MEDICAID), the health insurance program (CHILD) has been enrolled in.

The study is about what works well for children in (SCHIP/MEDICAID), and what does not work so well, and to hear about people's experiences with the program.

PROBE (IF RESPONDENT DOES NOT KNOW PROGRAM):
(SCHIP/MEDICAID) is the health insurance program that covers medical (and dental care) expenses for children (IF SCHIP/MEDICAID SAMPLE ADD: and families). You may also know this program as (NAME OF PLAN).

PROBE (IF RESPONDENT SAYS (CHILD) NO LONGER IN PROGRAM)
That is ok. We are very interested in people's experiences with the program for children no longer in (SCHIP/MEDICAID).

ADDITIONAL INFORMATION IF NECESSARY: Mathematica Policy Research in Princeton, NJ is conducting this study for the U.S. Department of Health and Human Services to determine if children are getting the health care they need throughout the United States.

Are you the person who is most familiar with (CHILD)'s health and health care?

01	YES	
02	NO	GO TO 1.9.4
d	DK	
r	REF	
CHILD NOT IN HOUSEHOLD		GO TO 1.9.7

1.9.2   Are you 18 years of age or older?

01	YES	GO TO 1.10
02	NO	GO TO 1.9.3
d	DK	
r	REF	

1.9.3   Are you (CHILD)'s biological parent?

01	YES	GO TO 1.10
02	NO	GO TO 1.9.4
d	DK	
r	REF	

1.9.4   I need to speak with someone who is 18 or older or who is the biological parent of (CHILD) and who is the person familiar with (CHILD)'s healthcare. May I please speak with that person?

01	YES	GO TO 1.9.1
02	NOT AVAILABLE	GO TO 1.9.6
d	DK	
r	REF	Thank you very much. Good-bye.

1.9.6   GET NAME OF PERSON AND TIME TO CALL.

NAME OF PERSON	
BEST DATES TO CALL	
BEST TIMES TO CALL	
REFUSED	Thank you very much. Good-bye

Thank you very much. I will call this person back later.

1.9.7   Can you tell me how to get in touch with someone where the child is living now?

PROBE: Your information is confidential. We will only use this information to contact an adult living with (CHILD) about (SCHIP/MEDICAID).

01	YES	GO TO 1.9.9
02	NO	Thank you very much. Good-bye.

1.9.9   PLEASE ASK AND RECORD NAME OF CONTACT PERSON, ADDRESS
AND/OR TELEPHONE NUMBER.

IF PERSON CAN ONLY PROVIDE TELEPHONE NUMBER, ASK IF CHILD
IS STILL LIVING IN (STATE SAMPLE WAS SELECTED FROM).

FOR CHILD STILL IN STATE: Thank you very much for your help. I will
contact the person you mentioned. Good-bye.

FOR CHILD MOVED OUT OF STATE: Thank you very much for your help.
We will probably not contact this person because (CHILD) is now living in
another State. Good-bye.

1.10   Can I please have your first and last name?

NOTE: DO NOT ASK IF ALREADY KNOWN

	FIRST NAME
	LAST NAME
d	DK
r	REF

1.10.1 So, why don't we get started with the interview?

It will only take about 30-35 minutes.

01	YES	GO TO 1.10.3
02	NO	GO TO 1.10.2

1.10.2 GET TIME TO CALL.

BEST DATES TO CALL	
BEST TIMES AND DATES TO CALL	
REFUSED	Thank you very much. Good-bye.

Thank you very much. I will call you back later.

IF THIS IS A CALLBACK TO PERSON WHO IDENTIFIED HIM/HERSELF AS THE
PERSON TO BE INTERVIEWED, START HERE

1.10.3   First, I want to assure you that all information from this interview will be
completely confidential and will not in any way affect (CHILD)'s health
insurance or medical care.

Information you such as names and addresses will not be stored with
information that you give us during the interview and will always be kept in a
secure place. Only the researchers directly working on the study will have
access to this information.

We will not report on your individual answers but the results of this study will
always be presented by combining your answers with the answers of other
respondents.

Before we begin, I need to tell you that for purposes of quality control my
supervisor may monitor this call.

First, I need to ask you a few basic questions.

1.12   (DO NOT ASK IF ALREADY KNOWN) What is your relationship to
(CHILD)?

01	MOTHER
02	FATHER
03	GRANDFATHER
04	GRANDMOTHER
05	AUNT
06	UNCLE
07	BROTHER (FULL, HALF, ADOPTED)
08	SISTER (FULL, HALF, ADOPTED)
09	OTHER RELATIVE (SPECIFY)
10	OTHER NON-RELATIVE IF FOSTER PARENT, TERMINATE INTERVIEW FOR (SCHIP/MEDICAID) SAMPLE
d	DK
r	REF

1.15   Just to verify my information, my records indicated that (CHILD) is a (BOY/GIRL). Is that correct?

01	YES
02	NO, GIRL
03	NO, BOY

1.16   I have (CHILD)'s birthday as (DATE OF BIRTH). Is that correct?

01	YES	GO TO NEXT SECTION
02	NO	GO TO 1.17
d	DK	
r	REF	

1.17   What is (CHILD)'s correct birthday?

	MONTH
	DAY
	YEAR

SECTION 2: APPLICATION, ENROLLMENT, REDETERMINATION, AND DISENROLLMENT

My first questions will be about how you learned about (SCHIP/MEDICAID) and what you had to do to enroll and keep (CHILD) enrolled in the program.

First, I will read you a list of ways you may have heard or received information about (SCHIP/MEDICAID).

For each item, please tell me if you ever heard or received information about the program this way.

2.1.2.1   Have you ever heard or received information about (SCHIP/MEDICAID) on TV, the radio, or in the newspaper?

01	YES
02	NO
d	DK
r	REF

2.1.4   Have you ever heard or received information about (SCHIP/MEDICAID) when applying for another program, such as (MEDICAID/SCHIP), TANF/AFDC, WIC, or food stamps?

01	YES
02	NO
d	DK
r	REF

2.1.5   Have you ever heard or received information about (SCHIP/MEDICAID) at (CHILD)'s school or school related event?

01	YES
02	NO
d	DK
r	REF

2.1.8   Have you ever heard or received information about (SCHIP/MEDICAID) from a telephone hot line, help line, or referral service?

01	YES
02	NO
d	DK
r	REF

2.1.9   Have you ever heard or received information about (SCHIP/MEDICAID) in a hospital, emergency room, clinic, doctor's office, or pharmacy?

01	YES
02	NO
d	DK
r	REF

2.1.12   Have you ever heard or received information about (SCHIP/MEDICAID) at work or at a school you attend or attended?

01	YES
02	NO
d	DK
r	REF

2.1.13   Have you ever heard or received information about (SCHIP/MEDICAID) at a store, shopping center, or restaurant?

01	YES
02	NO
d	DK
r	REF

2.1.15   Have you ever heard or received information about (SCHIP/MEDICAID) at any other place or from any other person?

01	YES
02	NO
d	DK
r	REF

2.2   Was any of this information/Was this information important in making a decision to enroll (CHILD) in (SCHIP/MEDICAID)?

01	YES
02	NO
d	DK
r	REF

IF 2.1.2.1-2.1.15 MORE THAN ONE ANSWERED YES and 2.2=YES GO TO 2.2.1
ELSE GO TO 2.9

2.2.1   Which information was the most important in making the decision to enroll (CHILD) in (SCHIP/MEDICAID)?

Was it...

01-14	1=TV 8=Telephone
	2=Radio 9=Hospital
	3=Newspaper 10=Pharmacy
	4=Outreach 11=Work
	5=Welfare 12=Store
	6=School 13=Friend
	7=Church 14=Other
d	DK
r	REF

2.9   The next questions are about your experiences enrolling (CHILD) in (SCHIP/MEDICAID).

Has (SCHIP/MEDICAID) ever rejected (CHILD)'s application so he/she could not be enrolled in the program?

01	YES	GO TO 2.10
02	NO	GO TO 2.11
d	DK	GO TO 2.11
r	REF	GO TO 2.11

2.10.1-2.10.7
What were the reasons (SCHIP/MEDICAID) rejected (CHILD)'s application?

1	DIDN'T PROVIDE ALL PAPER WORK/DOCUMENTS NEEDED
2	EARNED TOO MUCH MONEY
3	QUALIFIED FOR (MEDICAID/SCHIP)
4	TOO OLD
5	WAS INSURED BY OTHER INSURANCE
6	CHILD NEEDED TO BE UNINSURED LONGER TO QUALIFY
7	OTHER REASON
d	DK
r	REF

2.11   Now, think about the times (CHILD) (IF 2.9=1 READ: successfully) was enrolled in (SCHIP/MEDICAID). How many times did that happen?

PROBE: Please do not include times you were required to renew or reapply for (CHILD) to stay in the program.

	TIMES
d	DK
r	REF

2.12   How old was (CHILD) when he/she was (IF 2.11>1 READ: first) enrolled in (SCHIP/MEDICAID)?

1	0 to 4
2	5 to 12
3	13 or older
d	DK
r	REF

2.13   Was that the first time a child in your household was enrolled in (SCHIP/MEDICAID)?

01	YES
02	NO
D	DK
R	REF

2.14   (MULTIPLE TIMES ENROLLED/2.11 > 1) Now think about the most recent time he/she was enrolled in (SCHIP/MEDICAID).

What was the main reason (CHILD) was enrolled in the program?

01	WANTED CHILD TO BE INSURED
02	PARENT LOST INSURANCE BECAUSE OF LOSS OF JOB OR CHANGE IN HOURS ON JOB
03	(SCHIP/MEDICAID) IS LESS EXPENSIVE THAN INSURANCE CHILD WAS COVERED UNDER
04	(SCHIP/MEDICAID) COVERAGE BETTER THAN INSURANCE CHILD WAS COVERED UNDER
05	NOT ELIGIBLE ANY LONGER FOR MEDICAID/SCHIP
06	OTHER REASON
d	DK
r	REF

2.17   How did you get the application form to enroll in (SCHIP/MEDICAID)?

Did you get the form…

01	In the mail	GO TO 2.17.1
02	Was it given to you or did you pick it up somewhere	GO TO 2.18
03	Did you get it from a website on the Internet?	GO TO 2.19
d	DK	
r	REF	

2.17.1 Did you get the form in the mail because…

01	You requested the form from someone or someplace	GO TO 2.18
02	Did the form just show up in the mail?	GO TO 2.19
d	DK	
r	REF	

2.18   (IF 2.17=02) Who gave the form to you or where did you pick it up?

        (IF 2.17.1=01) Where or from whom did you request the form?

01	HOT/HELP TELEPHONE LINE
02	WELFARE OFFICE OR OTHER AGENCY OFFICE (OR SOCIAL WORKER OR OTHER STAFF THERE)
03	HOSPITAL, HOSPITAL EMERGENCY ROOM OR CLINIC (OR DOCTOR, NURSE OR OTHER STAFF THERE)
04	DOCTOR'S OFFICE (OR DOCTOR OR OTHER STAFF THERE)
05	PHARMACY (OR PHARMACIST OR OTHER STAFF THERE)
06	SCHOOL OF CHILD (OR STAFF AT THE SCHOOL)
07	CHURCH (OR CHURCH STAFF)
08	COMMUNITY CENTER (OR STAFF THERE)
09	STORE OR SHOPPING CENTER (OR STAFF THERE)
10	WORK PLACE/YOUR SCHOOL (OR COWORKERS, TEACHERS, SUPERVISORS, ETC.)
11	FRIEND OR RELATIVE (OR AT THEIR HOUSE)
12	OTHER PLACE OR PERSON
d	DK
r	REF

2.19   Was the application form written in a language other than English?

01	YES, LANGUAGE OTHER THAN ENGLISH	GO TO 2.21
02	NO, ENGLISH	
d	DK	
r	REF	

2.20   Did a translator or some other professional help translate the application form into a language you could understand?

01	YES
02	NO
d	DK
r	REF

2.21 (IF 2.20=1) Besides help with translating, did you get other assistance in completing the application?

(ELSE) Did you get assistance in completing the application?

01	YES	
02	NO	GO TO
d	DK	2.25
r	REF	

2.22 Did you get assistance in completing the application from…

	01=YES 02=NO d=DK r=REF	
A		An outreach worker, social worker, or someone else coming to your home
B		A person at an agency
C		A person at a hospital, a clinic, or a doctor's office
D		A person at a hot or help line
E		Any other professional

2.22.1 How easy or difficult was it for you to get assistance in completing the application?

Would you say it was…

01	Very easy
02	Somewhat easy
03	Somewhat difficult
04	Very difficult
d	DK
r	REF

2.24.1 How courteous and respectful were the people who assisted you in completing the application?

Would you say they were…

01	Very courteous and respectful
02	Somewhat courteous and respectful
03	Not very courteous and respectful
04	Not at all courteous and respectful
d	DK
r	REF

2.25.1 Were you or someone else required to go to an office to complete the application?

01	YES	GO TO 2.26
02	NO	GO TO 2.28
d	DK	
r	REF	

2.26 Was the location of the office…

01	Very convenient
02	Somewhat convenient
03	Not very convenient
04	Not at all convenient
d	DK
r	REF

2.28 For (CHILD)'s (IF 2.11>1 READ: most recent) application for (SCHIP/MEDICAID), how easy or difficult was it to fill out the application form?

Was it…

01	Very easy
02	Somewhat easy
03	Somewhat difficult
04	Very difficult
d	DK
r	REF

2.29   And, how easy or difficult was it to get the required documents together? Was it…

01	Very easy
02	Somewhat easy
03	Somewhat difficult
04	Very difficult
05	WAS NOT REQUIRED TO GET ANY DOCUMENTS
d	DK
r	REF

2.29.1 So overall, based on your experiences and what you know about (SCHIP/MEDICAID), how easy or difficult is it to enroll (CHILD) in (SCHIP/MEDICAID)?

Is it…

01	Very easy
02	Somewhat easy
03	Somewhat difficult
04	Very difficult
d	DK
r	REF

2.30   Again, think about the most recent time (CHILD) was enrolled in (SCHIP/MEDICAID).

After the entire application was completed and submitted, about how many weeks and or months did it take until you were notified that (CHILD) was enrolled in the program?

00	WAS ENROLLED RIGHT AWAY	GO TO 2.34
	WEEKS	
999	NEVER NOTIFIED	GO TO 2.34
d	DK	GO TO 2.30.1
r	REF	GO TO 2.34

2.30.1 Would you say…

01	Less than 1 week
02	1 but less than 2 weeks
03	2 but less than 3 weeks
04	3 but less than 4 weeks
05	4 but less than 5 weeks
06	6 but less than 8 weeks
07	More than 2 months
08	More than 3 months
d	DK
r	REF

2.34 While (CHILD) is on (SCHIP/MEDICAID), you may have to fill out a form or provide information in some other way that will determine if (CHILD) remains eligible for the program. Based on your experiences and what you know about (SCHIP/MEDICAID), how often do you have to reapply to (SCHIP/MEDICAID) for (CHILD) to stay in the program?

Would you have to reapply…

00	Never	GO TO 2.45
01	Every month	GO TO 2.34.1
02	Every 3 months	
03	Every 6 months	
04	Once a year	
05	Once every 2 years	
06	OTHER TIME PERIOD	
d	DK	
r	REF	

ALL NEW ENROLLEES, GO TO 2.45

2.34.1 While (CHILD) was enrolled in (SCHIP/MEDICAID), were you ever notified that you had to reapply for him/her to stay in the program?

01	YES	
02	NO	GO TO 2.38
d	DK	
r	REF	

2.38   Has (SCHIP/MEDICAID) ever rejected a reapplication for (CHILD) so he/she
       could not stay in the program?

01	YES	
02	NO	GO TO 2.42
d	DK	
r	REF	

2.39.1-2.39.7
       What were the reasons (CHILD)'s reapplication was rejected?

       ENTER ALL THAT APPLY

1	DIDN'T PROVIDE ALL PAPER WORK/DOCUMENTS NEEDED
2	EARNED TOO MUCH MONEY
3	QUALIFIED FOR (MEDICAID/SCHIP)
4	TOO OLD
5	WAS INSURED BY OTHER INSURANCE
6	CHILD NEEDED TO BE LONGER UNINSURED TO QUALIFY
7	OTHER REASON
d	DK
r	REF

2.42   Have you ever received a warning that (CHILD) would be terminated from
       (SCHIP/MEDICAID) if you did not reapply to the program on time?

01	YES
02	NO
d	DK
r	REF

2.43   Have you ever successfully completed a reapplication so (CHILD) could stay in
       the program?

01	YES	
02	NO	GO TO 2.45
d	DK	
r	REF	

2.44   From your experiences and what you know about (SCHIP/MEDICAID), how
        easy or difficult is it to complete the reapplication?

        Was it…

01	Very easy
02	Somewhat easy
03	Somewhat difficult
04	Very difficult
d	DK
r	REF

MEDICAID SAMPLE GO TO NEXT SECTION

2.45   Did you ever receive a warning that (CHILD)'s coverage in SCHIP would be
        terminated if the premium was not paid on time?

01	YES	
02	NO	
03	DOES NOT PAY PREMIUM	GO TO NEXT SECTION
d	DK	
r	REF	

2.47   Has (CHILD)'s coverage in SCHIP ever been terminated because a premium was
        not paid on time?

01	YES
02	NO
d	DK
r	REF

Now, I am going to ask you some questions about (CHILD)'s (SCHIP/MEDICAID) coverage and any other health insurance he/she may have had in the past.

3.2 First, is (CHILD) covered by (SCHIP/MEDICAID) right now?

01	YES	GO TO 3.7b
02	NO	GO TO 3.3
d	DK	SWITCH TO SHORTENED SURVEY
r	REF	GO TO 3.2.1

3.2.1 Thank you very much. I have no more questions at this point. Good-bye.

ESTABLISH LAST ENDDATE

3.3 About how many months has it been since (CHILD)'s (SCHIP/MEDICAID) coverage ended?

	MONTHS (IF LESS THAN 1 MONTH, CODE 0	GO TO 3.5
999	UNSURE, BUT MORE THAN 6 MONTHS AGO	GO TO 3.5.1
d	DK	GO TO 3.4
r	REF	

3.4   Would you say it has been about...

01	Less than 1 month	GO TO 3.5
02	1 month but less than 2 months	
03	2 months but less than 3 months	
04	3 months but less than 4 months	
05	4 months but less than 5 months	
06	5 months but less than 6 months	
07	6 months	
08	Longer than 6 months	
d	DK	GO TO 3.5.1
r	REF	

3.5   So, (CHILD) has not been covered by (SCHIP/MEDICAID) since (CURRENT MONTH MINUS MONTHS SINCE COVERAGE ENDED). Is that correct?

01	YES	GO TO 3.7
02	NO	
d	DK	GO TO 3.5.1
r	REF	

3.5.1A AND 3.5.1B
        In about what month and year did (CHILD)'s (SCHIP/MEDICAID) coverage end? Your best estimate is fine.

		YEAR
01	JANUARY	
02	FEBRUARY	
03	MARCH	
04	APRIL	
05	MAY	
06	JUNE	
07	JULY	
08	AUGUST	
09	SEPTEMBER	
10	OCTOBER	
11	NOVEMBER	
12	DECEMBER	
d	DK	SWITCH TO SHORTENED SURVEY
r	REF	GO TO 3.2.1

BASED ON ANSWERS TO 3.3-3.5.1:

NEW/ESTABLISHED ENROLLEES: IF REPORTED DISENROLLED 6 TO 12 MONTHS THEN INTERVIEW AS DISENROLLEE

DISENROLLEES: IF REPORTED DISENROLLED 12+ MONTHS THEN SWITCH TO SHORTENED SURVEY

ESTABLISH LAST/CURRENT STARTDATE

3.7 (CHILD) IS NOT CURRENTLY COVERED (3.2=02) Before (CHILD)'s (SCHIP/MEDICAID) coverage ended in (LAST ENDDATE), how many months and/or years was he/she covered by (SCHIP/MEDICAID) without any interruption in coverage?

(CHILD) IS CURRENTLY COVERED (3.2=01) How many months and/or years has (CHILD) been covered by (SCHIP/MEDICAID) without any interruption in coverage?

	MONTHS	GO TO 3.9
999	UNSURE, BUT MORE THAN 6 MONTHS	GO TO 3.9.1
d	DK	GO TO 3.8
r	REF	

3.8 Would you say…

01	Less than 1 month	GO TO 3.9
02	1 month but less than 2 months	
03	2 months but less than 3 months	
04	3 months but less than 4 months	
05	4 months but less than 5 months	
06	5 months but less than 6 months	
07	6 months	
08	Longer than 6 months	GO TO 3.9.1
d	DK	
r	REF	

3.9   So, (CHILD)'s (SCHIP/MEDICAID) coverage started in (LAST ENDDATE MINUS MONTHS OF COVERAGE) or (CURRENT MONTH MINUS MONTHS OF COVERAGE). Is that correct?

01	YES	GO TO 3.11
02	NO	
d	DK	GO TO 3.9.1
r	REF	

3.9.1A AND 3.9.1B

In about what month and year did (CHILD)'s (SCHIP/MEDICAID) coverage start? Your best estimate is fine.

		YEAR
01	JANUARY	
02	FEBRUARY	
03	MARCH	
04	APRIL	
05	MAY	
06	JUNE	
07	JULY	
08	AUGUST	
09	SEPTEMBER	
10	OCTOBER	
11	NOVEMBER	
12	DECEMBER	
d	DK	GO TO 3.2.1
r	REF	

BASED ON ANSWERS TO 3.7-3.9.1

NEW ENROLLEES: IF REPORTED ENROLLED 12+ MONTHS THEN INTERVIEW AS ESTABLISHED ENROLLEE

NEW ENROLLEES: IF REPORTED BORN IN 6 MONTHS BEFORE ENROLLING IN SCHIP/MEDICAID THEN CHANGE (TIMEFRAME1) TO READ: Before (child) was on SCHIP/Medicaid

ESTABLISHED ENROLLEES: IF REPORTED ENROLLED LESS THAN 6 MONTHS THEN CHANGE (TIMEFRAME 1) TO READ: During the time while child has been on SCHIP/Medicaid

DISENROLLEES: IF REPORTED ENROLLED 6+ MONTHS THEN INTERVIEW AS ESTABLISHED ENROLLEE

ESTABLISH PREVIOUS ENDDATE
FOR
DISENROLLEES WHO REENROLLED

DISENROLLEES WHO REENROLLED: GO TO 3.11

ALL OTHERS: GO TO 3.24.1

3.11   Now, I am going to ask about the time that (CHILD)'s current (SCHIP/MEDICAID) coverage started in (START DATE) and his/her previous (SCHIP/MEDICAID) coverage ended. How many months were there between these two periods of (SCHIP/MEDICAID) coverage?

	MONTHS (IF LESS THAN A MONTH), CODE 0	GO TO 3.13
999	UNSURE, BUT MORE THAN 6 MONTHS AGO	GO TO 3.13.1
d	DK	GO TO 3.12
r	REF	

3.12   Would you say…

01	Less than 1 month	GO TO 3.13
02	1 month but less than 2 months	
03	2 months but less than 3 months	
04	3 months but less than 4 months	
05	4 months but less than 5 months	
06	5 months but less than 6 months	
07	6 months	
08	Longer than 6 months	GO TO 3.13.1
d	DK	
r	REF	

3.13   So, (CHILD)'s previous (SCHIP/MEDICAID) coverage ended in (STARTDATE MINUS MONTHS BETWEEN COVERAGE). Is that correct?

01	YES	GO TO 3.14
02	NO	GO TO 3.13.1
d	DK	
r	REF	

3.13.1A AND 3.13.1B
In about what month and year did (CHILD)'s previous (SCHIP/MEDICAID) coverage end? Your best estimate is fine.

		YEAR
01	JANUARY	
02	FEBRUARY	
03	MARCH	
04	APRIL	
05	MAY	
06	JUNE	
07	JULY	
08	AUGUST	
09	SEPTEMBER	
10	OCTOBER	
11	NOVEMBER	
12	DECEMBER	
d	DK	GO TO 3.2.1
r	REF	

ANSWERS IN 3.13 AND 3.13.1 WILL PROVIDE **PREVIOUS ENDDATE** IN MONTHS AND YEARS FOR DISENROLLEES WHO HAVE ENROLLED AGAIN IN THE PROGRAM.

ESTABLISH PREVIOUS STARTDATE
FOR
DISENROLLEES WHO REENROLLED

3.14   Before (CHILD)'s previous (SCHIP/MEDICAID) coverage ended in
(PREVIOUS ENDDATE), how many months or years was he/she covered by
(SCHIP/MEDICAID) without any interruption in coverage?

	MONTHS (IF LESS THAN 1 MONTH, CODE 0	GO TO 3.16
999	UNSURE, BUT MORE THAN 6 MONTHS AGO	GO TO 3.16.1
D	DK	GO TO
R	REF	3.15

3.15   Would you say…

01	Less than 1 month	GO TO 3.16
02	1 month but less than 2 months	
03	2 months but less than 3 months	
04	3 months but less than 4 months	
05	4 months but less than 5 months	
06	5 months but less than 6 months	
07	6 months	
08	Longer than 6 months	
d	DK	GO TO 3.16.1
r	REF	

3.16   So, (CHILD)'s previous (SCHIP/MEDICAID) coverage started in (PREVIOUS
ENDDATE MINUS MONTHS OF PREVIOUS COVERAGE). Is that correct?

01	YES	GO TO 3.24.1
02	NO	
d	DK	GO TO 3.16.1
r	REF	

3.16.1A AND 3.16.1B

In about what month and year did (CHILD)'s previous (SCHIP/MEDICAID) coverage start? Your best estimate is fine.

		YEAR
01	JANUARY	
02	FEBRUARY	
03	MARCH	
04	APRIL	
05	MAY	
06	JUNE	
07	JULY	
08	AUGUST	
09	SEPTEMBER	
10	OCTOBER	
11	NOVEMBER	
12	DECEMBER	
d	DK	GO TO 3.2.1
r	REF	

ANSWERS IN 3.15 AND 3.16.1 WILL PROVIDE **PREVIOUS STARTDATE** IN MONTHS AND YEARS FOR DISENROLLEES WHO HAVE ENROLLED AGAIN IN THE PROGRAM.

COVERAGE QUESTIONS RELATED TO TIMEFRAME 1

REFERENCE ADJECTIVE FOR QUESTIONS RELATED TO PAST COVERAGE. FOR THE REMAINDER OF THE QUESTIONS IN SECTION 2
PLEASE USE: **Current** FOR NEW AND ESTABLISHED ENROLLEES STILL ENROLLED **Last** FOR NEW AND ESTABLISHED ENROLLEES DISENROLLED **Last** FOR DISENROLLEES NOT ENROLLED **Previous** FOR DISENROLLEES REENROLLED

FOR MEDICAID SAMPLE GO TO 3.24.1

3.24.1 Does/did the current/last/previous (SCHIP/MEDICAID) coverage include the following services for (CHILD):

	1=YES 2=NO d=DK r=REF	
A		Doctors' visits for illness or injuries
B		Well-child visits, routine check-ups, and immunizations
C		Emergency room visits
D		Hospital stays
E		Prescription drugs
F		Dental care
G		Vision care or eye exams

FOR MEDICAID SAMPLE GO TO 3.25

3.25

3.26   What was the main reason this (SCHIP) coverage ended?

01	CHILD TOO OLD TO BE ELIGIBLE
02	CHILD OBTAINED MEDICAID/SCHIP COVERAGE
03	CHILD OBTAINED OTHER INSURANCE
04	FINANCIAL SITUATION CHANGED/ NOT QUALIFIED FOR (SCHIP/MEDICAID)
05	(*NOT FOR MEDICAID SAMPLE*) COULD NOT AFFORD PREMIUM/ CO-PAYMENT
06	(*NOT FOR MEDICAID SAMPLE*) FORGOT TO PAY THE PREMIUM
07	DID NOT LIKE THE DOCTOR(S)/ MEDICAL STAFF/ CLINIC WHERE CHILD RECEIVED SERVICES
08	DID NOT LIKE THE QUALITY OF THE CARE
09	SERVICES PROVIDED NOT CONVENIENTLY LOCATED OR NOT AVAILABLE WHEN NEEDED
10	CHILD DOES NOT GET SICK/DO NOT NEED IT
11	TOO MUCH PAPER WORK
12	DID NOT REAPPLY WHEN COVERAGE ENDED
13	OTHER
d	DK
r	REF

3.27.1

COVERAGE QUESTIONS RELATED TO TIMEFRAME 2

3.31   Now, I am going to ask you some questions about the time before (CHILD)'s current/last (SCHIP/MEDICAID) coverage started, that is before (CURRENT/LAST STARTDATE).

Just before his/her current/last period of (SCHIP/MEDICAID) coverage started, was (CHILD) without health insurance coverage or did he/she have health insurance, such as Medicaid or private insurance?

01	WITHOUT HEALTH INSURANCE	GO TO 3.32
02	HAD HEALTH INSURANCE	GO TO 3.36.1
03	CHILD BORN WHEN COVERAGE STARTED	**NEW ENROLLEE**: SWITCH TO SHORTENED SURVEY **ESTABLISHED ENROLLEE:** GO TO 3.60
d	DK	GO TO 3.35.1
r	REF	

3.32   How many months or years was (CHILD) without health insurance just before his/her current/last (SCHIP/MEDICAID) coverage started?

	MONTHS IF LESS THAN 1 MONTH, CODE 1 IF ALWAYS, CODE 999
d	DK
r	REF

3.34   What was the main reason (CHILD) was without any health insurance during this period?

01	PARENT LOST JOB OR CHANGED EMPLOYERS
02	PARENT GOT DIVORCED/ SEPARATED/ DEATH OF SPOUSE
03	EMPLOYER STOPPED OFFERING INSURANCE
04	CHILD TOO OLD TO BE ELIGIBLE
05	BENEFITS FROM FORMER EMPLOYER RAN OUT
06	NO ONE IN FAMILY EMPLOYED
07	EMPLOYER DID NOT OFFER HEALTH INSURANCE/NOT ELIGIBLE FOR COVERAGE THROUGH EMPLOYER
08	INSURANCE TOO EXPENSIVE/ CAN NOT AFFORD THE PREMIUM
09	DID NOT LIKE THE HEALTH INSURANCE EMPLOYER OFFERS
10	INSURANCE COST TOO HIGH
11	INSURANCE COMPANY REFUSED COVERAGE DUE TO PREEXISTING CONDITION OR (CHILD'S) HEALTH STATUS
12	MEDICAID/SCHIP COVERAGE STOPPED/ NO LONGER ELIGIBLE
13	FAILED TO REAPPLY/REDETERMINE
14	FORGOT TO PAY THE PREMIUM
15	PLACE WHERE SERVICES WERE OFFERED NOT CONVENIENTLY LOCATED OR SERVICES NOT AVAILABLE WHEN NEEDED
16	DID NOT KNOW HOW TO GET COVERAGE
17	NEEDED TO BE UNINSURED TO BE ELIGIBLE FOR (SCHIP/MEDICAID)
18	OTHER
d	DK
r	REF

> **NEW ENROLLEES**: IF WITHOUT INSURANCE FOR 6 MONTHS OR MORE (IF 3.32 GE 6), GO TO 3.60 OTHERWISE CONTINUE WITH 3.35.1
>
> **ESTABLISHED ENROLLEES**: GO TO 3.60

3.35.1 Was (CHILD) covered by health insurance such as Medicaid or private insurance at any time during the six months before his/her current/last (SCHIP/MEDICAID) coverage started, that is before (STARTDATE?

01	YES	GO TO 3.36.1A
02	NO	GO TO 3.60
d	DK	
r	REF	

3.36.1 IF 3.31=2 AND NEW ENROLLEE: Now think about the six months before (CHILD)'s last (SCHIP) coverage started.
IF 3.31=2 AND ESTABLISHED ENROLLEE: Go to 3.60.

3.36.1A
Was (CHILD) covered by insurance from a current or past employer or union?

01	YES	
02	NO	GO TO
d	DK	3.36.1B
r	REF	

3.36.1AM
How long was (CHILD) covered by this insurance?

	MONTHS
d	DK
r	REF

3.36.1B Was (CHILD) covered by insurance from private insurance purchased directly from an insurance company?

Do not include plans that only provide extra cash while in the hospital or plans for only one type of service, such as dental care, vision care, nursing home care, or accidents?

01	YES	
02	NO	GO TO
d	DK	3.36.1C
r	REF	

3.36.1BM
How long was (CHILD) covered by this insurance?

	MONTHS
d	DK
r	REF

3.36.1C
Was (CHILD) covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities?

01	YES	
02	NO	GO TO
d	DK	3.36.1D
r	REF	

3.36.1CM
How long was (CHILD) covered by this insurance?

	MONTHS
d	DK
r	REF

3.36.1D Was (CHILD) covered by Medicaid or a Medicaid HMO, the government
assistance program for people in need?

01	YES	
02	NO	GO TO
d	DK	3.36.1E
r	REF	

3.36.1DM

How long was (CHILD) covered by this insurance?

	MONTHS
d	DK
r	REF

3.36.1E Was (CHILD) covered by TRICARE, CHAMPUS, CHAMP-VA, VA, or any
other military health insurance, service?

01	YES	
02	NO	GO TO
d	DK	3.36.1F
r	REF	

3.36.1EM

How long was (CHILD) covered by this insurance?

	MONTHS
d	DK
r	REF

3.36.1F Was (CHILD) covered by the Indian Health Service?

01	YES	
02	NO	GO TO
d	DK	3.36.1G
r	REF	

3.36.1FM

How long was (CHILD) covered by this insurance?

	MONTHS
d	DK
r	REF

3.36.1G Was (CHILD) covered by (SCHIP)?

01	YES	
02	NO	GO TO
d	DK	3.36.1H
r	REF	

3.36.1GM

How long was (CHILD) covered by this insurance?

	MONTHS
d	DK
r	REF

3.36.1H Was (CHILD) covered by some other type of coverage, I have not yet mentioned?

01	YES	
02	NO	GO TO
d	DK	NEXT
r	REF	SECTION

3.36.1HM

How long was (CHILD) covered by this insurance?

	MONTHS
d	DK
r	REF

IF ONLY ONE PLAN IN 3.36.1, GO TO 3.38

3.37.1-3.37.8

    Of the health insurance plan(s) you just mentioned, which plan(s) did (CHILD) have

A)   just before the current/last/previous period of (SCHIP/MEDICAID) coverage started?

B)   just before (CHILD) became uninsured?

1	INSURANCE THROUGH AN EMPLOYER
2	PRIVATE INSURANCE
3	MEDICARE
4	MEDICAID
5	TRICARE, CHAMPUS, CHAMP-VA, VA OR OTHER MILITARY HEALTH INSURANCE
6	INDIAN HEALTH SERVICE
7	(SCHIP)
8	ANY OTHER TYPE OF INSURANCE

3.38

3.38.2 (IF 3.37 A=2 (NO HEALTH INSURANCE FROM EMPLOYER) GO TO 3.39.1)

(IF ONLY HEALTH INSURANCE FROM EMPLOYER/ NONE OF B THRU H
IN 3.37 =YES) Did the employer pay all, some, or none of the premium for this
health insurance?

(IF OTHER HEALTH INSURANCE BESIDES FROM EMPLOYER/ANY OF B
THRU H IN 3.37 =YES) For the health insurance from an employer, did the
employer pay all, some, or none of the premium for this health insurance?

01	ALL
02	SOME
03	NONE
d	DK
r	REF

IF MORE THAN ONE INSURANCE IN 3.37 READ "any of
the insurance plans" instead of "insurance coverage" in 3.39.1 to
3.43

3.39.1 Did the insurance coverage that (CHILD) had

A) just before his/her current/last/previous period of (SCHIP/MEDICAID)
coverage started

B) just before he/she became uninsured

require (CHILD) to be signed up with a certain primary care doctor or clinic
(CHILD) would have to go to for all routine care?

01	YES
02	NO
d	DK
r	REF

3.43   Did this health insurance coverage that (CHILD) had:

A) just before his/her current/last/previous period of (SCHIP/MEDICAID)
   coverage started

B) just before he/she became uninsured

include the following services?

	1=YES 2=NO d=DK r=REF	
A		Doctors' visits for illness or injuries
B		Well-child visits, routine check-up, and immunizations
C		Emergency room visits
D		Hospital stays
E		Prescription drugs
F		Dental care
G		Vision care or eye exams

IF MEDICAID COVERAGE ONLY GO TO 3.44

3.43.1   (ASK IF 3.43B=YES) Did you have to pay a co-payment for the well-child
          visits, routine check-ups, and immunizations?

01	YES	
02	NO	GO TO 3.43.3
d	DK	
r	REF	

3.43.3   (ASK IF 3.43E=YES, ELSE GO TO 3.44) Did you have to pay a co-payment to
          get a prescription drug filled?

01	YES	
02	NO	GO TO 3.44
d	DK	
r	REF	

3.44   What was the main reason (CHILD)'s coverage ended

A) just before the current/last/previous period of (SCHIP/MEDICAID)
     coverage started? (ASKED OF THOSE INSURED)

B) just before (CHILD) became uninsured? (ASKED OF THOSE
     UNINSURED)

01	PARENT LOST JOB OR CHANGED EMPLOYERS
02	PARENT GOT DIVORCED/SEPARATED/DEATH OF SPOUSE
03	EMPLOYER STOPPED OFFERING INSURANCE
04	CHILD TOO OLD TO BE ELIGIBLE
05	BENEFITS FROM FORMER EMPLOYER RAN OUT
06	NO ONE IN FAMILY EMPLOYED
07	EMPLOYER DID NOT OFFER HEALTH INSURANCE/NOT ELIGIBLE FOR COVERAGE THROUGH EMPLOYER
08	INSURANCE TOO EXPENSIVE/CAN NOT AFFORD THE PREMIUM
09	DID NOT LIKE THE HEALTH INSURANCE EMPLOYER OFFERS
10	INSURANCE COST TOO HIGH
11	INSURANCE COMPANY REFUSED COVERAGE DUE TO PREEXISTING CONDITION OR CHILD'S HEALTH STATUS
12	MEDICAID/SCHIP COVERAGE STOPPED/NO LONGER ELIGIBLE
13	FAILED TO REAPPLY/REDETERMINE
14	FORGOT TO PAY THE PREMIUM
15	PLACE WHERE SERVICES WERE OFFERED NOT CONVENIENTLY LOCATED OR SERVICES NOT AVAILABLE WHEN NEEDED
16	DID NOT KNOW HOW TO GET COVERAGE
17	NEEDED TO BE UNINSURED TO BE ELIGIBLE FOR (SCHIP/MEDICAID)
18	OTHER
d	DK
r	REF

COVERAGE QUESTIONS RELATED TO TIMEFRAME 3

ALL NEW ENROLLEES: SKIP TO NEXT SECTION

ESTABLISHED ENROLLEE ENROLLED (3.2=1): SKIP TO NEXT SECTION

3.60 **(DISENROLLEES DISENROLLED OR ESTABLISHED ENROLLEES DISENROLLED** (3.2=2) Now, I would like to ask you some questions about the time since (CHILD)'s last (SCHIP/MEDICAID) coverage ended, that is since (LAST ENDDATE). Just after his/her last/previous (SCHIP/MEDICAID) coverage ended, was (CHILD) without health insurance, or did he/she have health insurance coverage, such as Medicaid or private insurance?

(DISENROLLEES REENROLLED (3.2=1) Now, I would like to ask you some questions about the time since (CHILD)'s previous (SCHIP/MEDICAID) coverage ended, that is since (PREVIOUS ENDDATE) and before (CHILD) was enrolled again in (CURRENT STARTDATE). Just after his/her last/previous (SCHIP/MEDICAID) coverage ended, was (CHILD) without health insurance coverage or did he/she have health insurance, such as Medicaid or private insurance?

01	WITHOUT HEALTH INSURANCE	GO TO 3.63
02	HAD HEALTH INSURANCE	GO TO 3.64.1
d	DK	GO TO 3.64
r	REF	

3.63 How many months was (CHILD) without any health insurance coverage just after his/her last/previous (SCHIP/MEDICAID) coverage ended?

	MONTHS (IF LESS THAN 1 MONTH, CODE 1)	GO TO 3.63.1
999	WHOLE PERIOD	GO TO 3.63.1
d	DK	GO TO 3.64
r	REF	

3.63.1 What was the main reason (CHILD) was/has been without any health insurance during this period?

01	PARENT LOST JOB OR CHANGED EMPLOYERS
02	PARENT GOT DIVORCED/SEPARATED/ DEATH OF SPOUSE
03	EMPLOYER STOPPED OFFERING INSURANCE
04	CHILD TOO OLD TO BE ELIGIBLE
05	BENEFITS FROM FORMER EMPLOYER RAN OUT
06	NO ONE IN FAMILY EMPLOYED
07	EMPLOYER DID NOT OFFER HEALTH INSURANCE/NOT ELIGIBLE FOR COVERAGE THROUGH EMPLOYER
08	INSURANCE TOO EXPENSIVE/CANNOT AFFORD THE PREMIUM
09	DID NOT LIKE THE HEALTH INSURANCE EMPLOYER OFFERS
10	INSURANCE COST TOO HIGH
11	INSURANCE COMPANY REFUSED COVERAGE DUE TO PREEXISTING CONDITION OR (CHILD'S) HEALTH STATUS
12	MEDICAID/SCHIP COVERAGE STOPPED/ NO LONGER ELIGIBLE
13	FAILED TO REAPPLY/REDETERMINE
14	(*NOT FOR MEDICAID SAMPLE*) FORGOT TO PAY THE PREMIUM
15	PLACE WHERE SERVICES WERE OFFERED NOT CONVENIENTLY LOCATED OR SERVICES NOT AVAILABLE WHEN NEEDED
16	DID NOT KNOW HOW TO GET COVERAGE
17	NEEDED TO BE UNINSURED TO BE ELIGIBLE FOR (SCHIP/MEDICAID)
18	OTHER
d	DK
r	REF

IF UNINSURED WHOLE PERIOD (3.63=WHOLE PERIOD (999) OR MONTH CHILD DISENROLLED PLUS THE NUMBER OF MONTHS ANSWERED IN 3.63 = CURRENT MONTH) OR REENROLLED, GO TO NEXT SECTION, ELSE GO TO 3.64

3.64   **(DISENROLLEES DISENROLLED AND ESTABLISHED ENROLLEES DISENROLLED** (3.2=2) Since (CHILD)'s last (SCHIP/MEDICAID) coverage ended, that is since (LAST ENDDATE), has he/she been covered by any health insurance, such as Medicaid or private insurance?

DISENROLLEES REENROLLED (3.2=1) Since (CHILD)'s previous (SCHIP/MEDICAID) coverage ended in (PREVIOUS ENDDATE) and before (CHILD) was enrolled again in (CURRENT STARTDATE), was he/she covered by any health insurance, such as Medicaid or private insurance?

01	YES	GO TO 3.64.1
02	NO	GO TO NEXT SECTION
d		
r		

3.64.1 How many months was (CHILD) covered by health insurance such as Medicaid or private insurance just after his/her last/previous (SCHIP/MEDICAID) coverage ended?

How many months was (CHILD) covered by health insurance such as Medicaid or private insurance?

	MONTHS (IF LESS THAN 1 MONTH, CODE 1)
999	WHOLE PERIOD
d	
r	

3.65.A During that time, was (CHILD) covered by insurance from a current or past employer or union?

01	YES
02	NO
d	DK
r	REF

3.65.B Was (CHILD) covered by insurance from private insurance purchased directly from an insurance company?

Do not include plans that only provide extra cash while in the hospital or plans for only one type of service, such as dental care, vision care, nursing home care, or accidents?

01	YES
02	NO
d	DK
r	REF

3.65.C Was (CHILD) covered by insurance from Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities?

01	YES
02	NO
d	DK
r	REF

3.65.D (DO NOT ASK IF STATUS=MEDICAID) Was (CHILD) covered by Medicaid or a Medicaid HMO, the government assistance program for people in need?

01	YES
02	NO
d	DK
r	REF

3.65.E Was (CHILD) covered by TRICARE, CHAMPUS, CHAMP-VA, VA, or any other military health insurance, service?

01	YES	
02	NO	GO TO
d	DK	3.65F
r	REF	

3.65.F Was (CHILD) covered by the Indian Health Service?

01	YES
02	NO
d	DK
r	REF

3.65.G (DO NOT ASK THIS QUESTION IF STATUS = SCHIP)

Was (CHILD) covered by (SCHIP)?

01	YES
02	NO
d	DK
r	REF

3.65.H Was (CHILD) covered by some other type of coverage I have not yet mentioned?

01	YES	
02	NO	GO TO
d	DK	3.66
r	REF	

3.66.1-3.66.7

IF MORE THAN ONE PLAN IN 3.65: Of the health insurance plan(s) you just mentioned, which plan(s) did (CHILD) have

A) just after the last/previous period of (SCHIP) coverage ended (ASKED OF DISENROLLEES DISENROLLED AND ESTABLISHED ENROLLEES DISENROLLED)
B) just after (CHILD) became uninsured? (ASKED OF DISENROLLEES REENROLLED)

1	INSURANCE THROUGH AN EMPLOYER
2	PRIVATE INSURANCE
3	MEDICARE
4	MEDICAID
5	TRICARE, CHAMPUS, CHAMP-VA, OTHER MILITARY HEALTH INSURANCE
6	INDIAN HEALTH SERVICE
8	ANY OTHER TYPE OF INSURANCE

3.66.2

(IF 3.65=YES b THRU h =NO - ONLY HEALTH INSURANCE FROM EMPLOYER) Did the employer pay all, some, or none of the premium for this health insurance?

(IF 3.65=YES AND ANY b THRU h =YES - OTHER HEALTH INSURANCE BESIDES FROM EMPLOYER) For the health insurance from an employer, did the employer pay all, some, or none of the premium for this health insurance?

01	ALL
02	SOME
03	NONE
D	DK
R	REF

IF MORE THAN ONE INSURANCE IN 3.66 READ "any of the insurance plans" instead of "insurance coverage" in 3.66.3 to 3.71

3.66.3 Is (CHILD) covered by this insurance coverage right now?

01	YES
02	NO
d	DK
r	REF

3.66.4 Does/Did this health insurance coverage require (CHILD) to be signed up with a certain primary care doctor or clinic (CHILD) would have to go to for all routine care?

01	YES
02	NO
d	DK
r	REF

3.71 Does/Did the health insurance include the following services?

	1=YES 2=NO d=DK r=REF	
A		Doctors' visits for illness or injuries
B		Well-child visits, routine check-ups, and immunizations
C		Emergency room visits
D		Hospital stays
E		Prescription drugs
F		Dental care
G		Vision care or eye exams

3.71.1 (ASK IF 3.71B=YES) Do/Did you have to pay a co-payment for the well-child visits, routine check-ups, and immunizations?

01	YES
02	NO
d	DK
r	REF

3.71.3 (ASK, IF 3.71E=YES ELSE GO TO NEXT SECTION) Do/Did you have to pay a co-payment to get a prescription drug filled?

01	YES	GO TO NEXT SECTION
02	NO	
d	DK	
r	REF	

SECTION 4: CHILD'S HEALTH

The next questions are about (CHILD)'s health.

4.1   In general, would you say (CHILD)'s health is…

01	Excellent
02	Very good
03	Good
04	Fair or poor
d	DK
r	REF

4.2   Compared to 12 months ago, would you say (CHILD)'s health is now… (NOT IN PUBLIC ACCESS FILE)

01	Better
02	Worse
03	Or about the same
D	DK
R	REF

4.3   Does (CHILD) have any impairment or health problem that requires him/her to use special equipment such as a brace, a wheelchair, or a hearing aid? Do not include ordinary eye glasses or corrective shoes. (NOT IN PUBLIC ACCESS FILE)

01	YES
02	NO
d	DK
r	REF

4.4   Does (CHILD) have an impairment or health problem that limits his/her ability to crawl, walk, run, or play? (NOT IN PUBLIC ACCESS FILE)

01	YES	GO TO 4.5
02	NO	GO TO 4.9
d	DK	
r	REF	

4.5   Is this an impairment or health problem that has lasted or is expected to last
        12 months or longer? (NOT IN PUBLIC ACCESS FILE)

01	YES
02	NO
d	DK
r	REF

4.6   Because of this impairment or health problem, does (CHILD) need other people
        to help him/her with personal care needs, such as bathing, dressing, eating, or
        getting around? (NOT IN PUBLIC ACCESS FILE)

01	YES
02	NO
d	DK
r	REF

4.9   Has a doctor or other health care professional ever said that (CHILD) had asthma?

01	YES	
02	NO	GO TO
d	DK	4.11
r	REF	

4.10   How old was (CHILD) when he/she had his/her first episode of asthma or first
        asthma attack? (NOT IN PUBLIC ACCESS FILE)

	AGE IN YEARS (IF LESS THAN 1, CODE 0)
d	DK
r	REF

4.10.1 Does (CHILD) take medication or require injections prescribed by a doctor for
        his/her asthma?

01	YES
02	NO
d	DK
r	REF

4.11   Does (CHILD) take medication or require injections prescribed by a doctor for any other physical condition?

01	YES	
02	NO	GO TO
d	DK	4.13
r	REF	

4.12   Has she/he taken this medication or required these injections for at least 3 months? (NOT IN PUBLIC ACCESS FILE)

01	YES
02	NO
d	DK
r	REF

4.13   Has a doctor or other health professional ever said that (CHILD) had a mental health condition or behavioral problem?

01	YES	GO TO 4.14
02	NO	GO TO 4.16
d	DK	
r	REF	

4.14   How old was (CHILD) when a doctor or other health professional first said that he/she had a mental health condition or behavioral problem? (NOT IN PUBLIC ACCESS FILE)

	AGE IN YEAR (IF LESS THAN 1, CODE 0)
D	DK
R	REF

4.15   Does (CHILD) take medication or require injections for a mental health condition or behavioral problem? (NOT IN PUBLIC ACCESS FILE)

01	YES
02	NO
d	DK
r	REF

4.16 Has a mental health condition or behavioral problem limited (CHILD) in his/her ability to do regular school work or to participate in the usual kind of activities done by most children his/her age?

01	YES
02	NO
d	DK
r	REF

5.1   The next questions are about people and places that children usually go to or would go to for medical care.

During (TIMEFRAME 1), was there a particular doctor's office, clinic, health care center, hospital, or other place that (CHILD) usually did go to or would have gone to if he/she were sick or needed advice about his/her health?

01	YES	GO TO 5.3
02	NO, THERE IS NO PARTICULAR PLACE	GO TO 5.2
d	DK	GO TO 5.80
r	REF	

5.2   What was the main reason (CHILD) did not have a usual place of health care during that time?

01	CHILD SELDOM OR NEVER GETS SICK
02	RECENTLY MOVED TO THE AREA
03	DON'T KNOW WHERE TO GO FOR CARE
04	PLACE CLOSED OR MOVED
05	NO LONGER AVAILABLE IN THIS AREA
06	CAN'T FIND A PROVIDER OR PLACE WHERE MY LANGUAGE IS SPOKEN
07	LIKES TO GO TO DIFFERENT PLACES FOR HEALTH CARE
08	HOURS ARE NOT CONVENIENT
09	NO WAY TO GET THERE (TRANSPORTATION PROBLEMS)
10	JUST CHANGED INSURANCE
11	PLACE USED TO GO TO NOT IN PLAN
12	HAVE NOT BEEN ABLE TO FIND PLACE I LIKE
13	COST TOO HIGH
14	OTHER REASON
d	DK
r	REF

SKIP TO 5.7

5.3   What type of place did (CHILD) go to or would have gone to during that time?

Was it a…

01	Private doctor's office or group practice
02	An HMO-run office or facility
03	A clinic or health center
04	A hospital emergency room
05	A hospital outpatient department
06	Another type of clinic or health center
d	DK
r	REF

5.6   During that time, did (CHILD) actually go to the (USUAL PLACE OF CARE) because he/she was sick or needed advice about his/her health?

01	YES	GO TO 5.21
02	NO	
d	DK	
r	REF	

5.7   During that time did (CHILD) go to a doctor, clinic, health center, hospital, or any other place because he/she was sick or needed advice about his/her health?

01	YES	GO TO 5.27B
02	NO	GO TO 5.51
d	DK	
r	REF	

5.21   How long would it usually take to get to the (USUAL PLACE OF CARE)?

	MINUTES	GO TO 5.22.2
d	DK	GOT TO 5.22
r	REF	GO TO 5.22.2

5.22   Would it take...

01	Less than 15 minutes
02	15 minutes but less than 30 minutes
03	30 minutes but less than 45 minutes
04	45 minutes but less than one hour
05	One hour but less than 2 hours
06	Two hours or more
d	DK
r	REF

<div style="border:1px solid">If 5.3 =4 (EMERGENCY ROOM) SKIP TO 5.51</div>

5.22.2 Would there be a particular doctor or other health provider (CHILD) usually
        would see at the (USUAL PLACE OF CARE)?

01	YES
02	NO
d	DK
r	REF

5.23.2   If the (USUAL PLACE OF CARE) were closed and (CHILD) got sick would
        you be able to reach and talk to a doctor or other health care professional from the
        (USUAL PLACE OF CARE) about (CHILD)'s condition?

01	YES
02	NO
d	DK
r	REF

5.27A Still thinking about the (USUAL PLACE OF CARE) (CHILD) usually would go
        to for medical care, when he/she arrived on time for an appointment about how
        long would (CHILD) usually have to wait before getting medical care?

	MINUTES	GO TO 5.32
d	DK	GO TO 5.27.1
r	REF	GO TO 5.32

5.27B Thinking about the places (CHILD) would go to for medical care, when he/she arrived on time for an appointment about how long would (CHILD) usually have to wait before getting medical care?

	MINUTES	GO TO 5.32
d	DK	GO TO 5.27.1
r	REF	GO TO 5.32.1

5.27.1 Would he/she have to wait…

01	Less than 15 minutes
02	15 minutes but less than 30 minutes
03	30 minutes but less than 45 minutes
04	45 minutes but less than one hour
05	One hour but less than two hours
06	Two hours or more
d	DK
r	REF

5.32 How often did the doctors or other health care providers explain things in a way that you could understand?

Would you say…

01	Always
02	Usually
03	Sometimes
04	Never
d	DK
r	REF

5.35.1 How often did the doctors or other health care providers treat you and (CHILD) with courtesy and respect?

Would you say...

01	Always
02	Usually
03	Sometimes
04	Never
d	DK
r	REF

5.36   How often did the doctors or other health care providers talk with you about how (CHILD) was feeling, growing, and behaving?

Would you say…

01	Always
02	Usually
03	Sometimes
04	Never
d	DK
r	REF

IF NO USUAL PLACE OF CARE (5.1=NO) GO TO 5.41B

ELSE CONTINUE

5.39   Would you have recommended the (USUAL PLACE OF CARE) to family or friends?

01	YES	GO TO
02	NO	5.41A
d	DK	
r	REF	

5.41A   (DO NOT ASK IF 5.6=NO) Now, I would like you to rate the features of the health care (CHILD) got in the (USUAL PLACE OF CARE) during (TIMEFRAME1).

How would you rate the ease of getting medical care when (CHILD) was sick or had an accident? Would you rate it as…

01	Excellent	GO TO 5.51
02	Very Good	
03	Good	
04	Fair	
05	Poor	
d	DK	
r	REF	

5.41B Now, I would like you to rate the features of the health care (CHILD) got) in the places (CHILD) went to for medical care during (TIMEFRAME1).

How would you rate the ease of getting medical care when (CHILD) was sick or had an accident? Would you rate it as…

01	Excellent
02	Very Good
03	Good
04	Fair
05	Poor
d	DK
r	REF

5.51

> IF 5.1 =NO OR ESTABLISHED ENROLLEES WHO ARE ENROLLED (3.2=YES) GO TO 5.80 ELSE CONTINUE

Now, I am going to ask you about the places of care (CHILD) did go to or would have gone to since (TIMEFRAME2).

Since that time, was there a particular doctor's office, clinic, health care center, hospital, or other place that (CHILD) usually did go to or would have gone to if he/she were sick or needed advice about his/her health?

01	YES	GO TO 5.52
02	NO	GO TO 5.80
d	DK	
r	REF	

5.52   Was this the same (USUAL PLACE OF CARE) as he/she did go to or would have gone to during (TIMEFRAME1)?

01	YES	GO TO 5.80
02	NO	GO TO 5.52A
d	DK	GO TO 5.80
r	REF	

5.52A What type of place did (CHILD) go to or would have gone to during (TIMEFRAME2)?

Was it a…

01	Private doctor's office or group practice
02	An HMO-run office or facility
03	A clinic or health center
04	A hospital emergency room
05	A hospital outpatient department
06	Another type of clinic or health center
d	DK
r	REF

5.52.1.1

What was/has been the main reason (CHILD) does/did not have the same usual place of health care?

01	OLD PLACE NO LONGER AVAILABLE/NOT IN NEW PLAN
02	COST OF OLD PLACE TOO HIGH
03	NEW PLACE BETTER/MORE CONVENIENT
04	OTHER REASON
d	DK
r	REF

CHILDREN LESS THAN 3 YEARS GO TO NEXT SECTION
ELSE CONTINUE

5.80   Now, I would like to ask about the places (CHILD) would receive dental care.

During (TIMEFRAME1), was there a particular dentist's office or clinic that (CHILD) usually did go to or would have gone to if he/she needed to see a dentist or a dental hygienist for a check-up, to get his/her teeth cleaned, or for another dental procedure?

01	YES	GO TO 6.2
02	NO	GO TO 5.81
d	DK	Go to 6.2
r	REF	

5.81   What is the main reason (CHILD) did not have a usual place of dental care

01	CHILD DOES NOT NEED TO SEE DENTIST
02	CHILD SELDOM OR NEVER HAS PROBLEM WITH TEETH
03	RECENTLY MOVED TO THE AREA
04	DON'T KNOW WHERE TO GO FOR CARE
05	PLACE CLOSED OR MOVED
06	NO DENTIST ACCEPTS PLAN
07	CAN'T FIND A DENTIST OR PLACE WHERE MY LANGUAGE IS SPOKEN
08	LIKES TO GO TO DIFFERENT PLACES FOR HEALTH CARE
09	HOURS ARE NOT CONVENIENT
11	NO WAY TO GET THERE/ TRANSPORTATION PROBLEMS
12	JUST CHANGED INSURANCE
13	COST TOO HIGH
14	OTHER
d	DK
r	REF

SECTION 6: CHILD'S USE OF HEALTH CARE SERVICES

The next questions are about different kinds of medical care (CHILD) may have received during (TIMEFRAME1).

6.2   During that time, how many different times did (CHILD) stay in the hospital?

READ IF CHILD BORN DURING TIMEFRAME1: Do not include hospital stays if (CHILD) was born during that time period.

00	NEVER	GO TO 6.6
	TIMES	GO TO 6.2.1
d	DK	GO TO 6.6
r	REF	

6.2.1   During the time(s) (CHILD) stayed in the hospital, how many nights was she/he in the hospital altogether?

	NIGHTS
d	DK
r	REF

6.6   During (TIMEFRAME1), how many times did (CHILD) go to a hospital emergency room?

READ IF 6.2>0:   Please, do not include the times when the child was admitted to the hospital through the emergency room.

00	NEVER	GO TO 6.9
	TIMES	
d	DK	GO TO 6.7
r	REF	GO TO 6.9

6.7   Would you say…

01	1 time
02	2 or 3 times
03	4 to 9 times
04	10 to 12 times
05	13 or more times
d	DK
r	REF

6.9   Now, I would like to talk about visits to different types of health care
        professionals.

During (TIMEFRAME1), how many times did (CHILD) see a doctor or any other health
        care professionals such as a physician assistant, nurse or midwife altogether?

Please do not include doctors or health care professionals he/she saw for a mental health
        condition or behavioral problem.

Also, do not include doctors or other health professional (CHILD) saw during a hospital
        stay or in the emergency room.

00	NEVER	GO TO 6.11
	TIMES	IF 1 GO TO 6.10A IF >1 GO TO 6.10C
d	DK	GO TO 6.9.1
r	REF	GO TO 6.11

6.9.1   Would you say…

01	1 time	IF 1 GO TO 6.10A IF >1 GO TO 6.10C
02	2 or 3 times	
03	4 to 9 times	
04	10 to 12 times	
05	13 or more times	
d	DK	GO TO 6.10C
r	REF	GO TO 6.11

6.10A The one time (CHILD) saw a doctor or other health care professional, did he/she
see a specialist such as an allergy specialist, ear nose and throat specialist, or
other doctor who takes care of special parts of the body?

01	YES
02	NO
d	DK
r	REF

6.10B Did he/she see a doctor or health care professional for preventive care, such as a
check-up or well-child visit?

01	YES	GO TO 6.14
02	NO	
d	DK	
r	REF	

6.10C Of the times (CHILD) saw a doctor or other health care professional, how many
times did he/she see a specialist such as an allergy specialist, ear nose and throat
specialist, or other doctor who takes care of special parts of the body?

00	NEVER
	TIMES
d	DK
r	REF

6.10D And, how many times did he/she see a doctor or health care professional for
preventive care, such as a check-up or well-child visit?

00	NEVER	GO TO 6.14
	TIMES	
d	DK	
r	REF	

6.14   During (TIMEFRAME1), did (CHILD) see or talk to a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker? (NOT IN PUBLIC ACCESS FILE)

01	YES	GO TO 6.14.1
02	NO	GO TO 6.20
d	DK	
r	REF	

6.14.1 How many times did (CHILD) see or talk to a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker? (NOT IN PUBLIC ACCESS FILE)

	TIMES
d	DK
r	REF

DO NOT ASK 6.20 OR 6.20.1 FOR CHILDREN LESS THAN 3 YEARS OLD

6.20   During (TIMEFRAME1), did (CHILD) go to a dentist or dental hygienist for a check-up or to get his/her teeth cleaned?

01	YES
02	NO
d	DK
r	REF

6.20.1 During (TIMEFRAME1), did (CHILD) go to a dentist for a dental procedure, such as having a cavity filled or a tooth pulled?

01	YES
02	NO
d	DK
r	REF

6.23   Now I am going to ask you some questions about experiences (CHILD) may have
        had in getting care.

        During (TIMEFRAME1), was there a time (CHILD) did not get or postponed
        getting hospital care when you thought he/she needed it?

01	YES	GO TO 6.24
02	NO	GO TO 6.31
d	DK	
r	REF	

6.24   What was the main reason (CHILD) did not get or postponed getting the
        hospital care when you thought he/she needed it?

01	COULDN'T SCHEDULE APPOINTMENT SOON ENOUGH/COULD NOT GET THROUGH ON THE PHONE
02	TAKES TOO LONG TO GET THERE/ TRANSPORTATION PROBLEM
03	DID NOT GET APPROVAL FROM PLAN
04	PLACE DID NOT ACCEPT THE INSURANCE COVERAGE
05	DID NOT THINK (CHILD) WAS SICK ENOUGH
06	CONDITION CLEARED UP
07	COST TOO MUCH
08	(CHILD) DID NOT WANT TO GO
09	OTHER
d	DK
r	REF

6.31   During (TIMEFRAME1), was there a time (CHILD) did not get or postponed
        getting care from a specialist when you thought he/she needed it?

01	YES	GO TO 6.32
02	NO	GO TO 6.36
d	DK	
r	REF	

6.32   What was the main reason (CHILD) did not get or postponed getting care from a specialist when you thought he/she needed it?

01	COULDN'T SCHEDULE APPOINTMENT SOON ENOUGH/COULD NOT GET THROUGH ON THE PHONE
02	TAKES TOO LONG TO GET THERE/ TRANSPORTATION PROBLEM
03	DID NOT GET APPROVAL FROM PLAN
04	PLACE DID NOT ACCEPT THE INSURANCE COVERAGE
05	DID NOT THINK (CHILD) WAS SICK ENOUGH
06	CONDITION CLEARED UP
07	COST TOO MUCH
08	(CHILD) DID NOT WANT TO GO
09	OTHER
d	DK
r	REF

6.36   During (TIMEFRAME1), was there a time (CHILD) did not get or postponed getting care from a regular doctor or other health care professional for an illness, accident, or injury when you thought she/he needed it?

01	YES	GO TO 6.37
02	NO	GO TO 6.49
d	DK	
r	REF	

6.37   What was the main reason (CHILD) did not get or postponed getting care
        from a regular doctor or other health care professional for an illness,
        accident or injury when you thought he/she needed it?

01	COULDN'T SCHEDULE APPOINTMENT SOON ENOUGH/COULD NOT GET THROUGH ON THE PHONE
02	TAKES TOO LONG TO GET THERE/ TRANSPORTATION PROBLEM
03	DID NOT GET APPROVAL FROM PLAN
04	PLACE DID NOT ACCEPT THE INSURANCE COVERAGE
05	DID NOT THINK (CHILD) WAS SICK ENOUGH
06	CONDITION CLEARED UP
07	COST TOO MUCH
08	(CHILD) DID NOT WANT TO GO
09	OTHER
d	DK
r	REF

DO NOT ASK 6.49 TO 6.52 FOR CHILDREN LESS THAN 3 YEARS OLD

6.49   During (TIMEFRAME1), was there a time (CHILD) did not get or
        postponed getting dental care when you thought he/she needed it?

01	YES	GO TO 6.50
02	NO	GO TO 6.54
D	DK	
R	REF	

6.50   What was the main reason (CHILD) did not get or postponed getting dental care when you thought he/she needed it?

01	COULDN'T SCHEDULE APPOINTMENT SOON ENOUGH/COULD NOT GET THROUGH ON THE PHONE
02	TAKES TOO LONG TO GET THERE/ TRANSPORTATION PROBLEM
03	DID NOT GET APPROVAL FROM PLAN
04	PLACE DID NOT ACCEPT THE INSURANCE COVERAGE
05	DID NOT THINK (CHILD) WAS SICK ENOUGH
06	CONDITION CLEARED UP
07	COST TOO MUCH
08	(CHILD) DID NOT WANT TO GO
09	OTHER
d	DK
r	REF

6.54   During (TIMEFRAME1), was there a time (CHILD) did not get or postponed getting a prescription drug when you thought she needed it?

01	YES	GO TO 6.55
02	NO	GO TO 6.58
d	DK	
r	REF	

6.55 What was the main reason (CHILD) did not get the prescription drug?

01	COULDN'T SCHEDULE APPOINTMENT SOON ENOUGH/COULD NOT GET THROUGH ON THE PHONE
02	TAKES TOO LONG TO GET THERE/ TRANSPORTATION PROBLEM
03	DID NOT GET APPROVAL FROM PLAN
04	PLACE DID NOT ACCEPT THE INSURANCE COVERAGE
05	DID NOT THINK (CHILD) WAS SICK ENOUGH
06	CONDITION CLEARED UP
07	COST TOO MUCH
08	(CHILD) DID NOT WANT TO GO
09	OTHER
d	DK
r	REF

6.58 During (TIMEFRAME1), was there a time (CHILD) took less than the recommended dosage of a prescription drug or took the drug less frequently so that it would last longer?

01	YES
02	NO
d	DK
r	REF

6.59 During (TIMEFRAME1), how confident were you that (CHILD) could get health care if he/she needed it?

Would you say…

01	Very confident
02	Somewhat confident
03	Not very confident
04	Not at all confident
d	DK
r	REF

6.60   And during (TIMEFRAME1), how satisfied were you with the quality of
        the health care (CHILD) received?

Would you say…

01	Very satisfied
02	Somewhat satisfied
03	Not very satisfied
04	Not at all satisfied
d	DK
r	REF

6.61   And, how worried were you about meeting (CHILD)'s health care
        needs…

01	Very worried
02	Somewhat worried
03	Not very worried
04	Not at all worried
d	DK
r	REF

6.62   And during (TIMEFRAME1), how often did you feel stress about meeting
        (CHILD) health care needs…

01	All the time
02	Very often
03	Not very often
04	Never
d	DK
r	REF

6.63   And during (TIMEFRAME1), how much did (CHILD)'s health care needs
        create financial difficulties…

01	A lot
02	Somewhat
03	A little
04	Not at all
d	DK
r	REF

QUESTIONS ABOUT RESPONDENT

Next, I have a few questions about your health and health related issues.

QUESTIONS ABOUT HEALTH AND ATTITUDES TOWARDS HEALTH

7.3.21 In general, would you say that your health is…

01	Excellent
02	Very good
03	Good
04	Fair or poor
d	DK
r	REF

7.3.30 Now, I am going to read you some statements about health and health care. For each statement, please tell me if in your opinion the statement is definitely true, mostly true, mostly false, or definitely false.

First, you worry about your health more than other people your age. Is that...

01	Definitely true
02	Mostly true
03	Mostly false
04	Definitely false
d	DK
r	REF

7.3.32 You can overcome most illnesses without help from a medically trained professional. Is that…

01	Definitely true
02	Mostly true
03	Mostly false
04	Definitely false
d	DK
r	REF

7.3.34 Home remedies are often better than drugs prescribed by a doctor. Is that…

01	Definitely true
02	Mostly true
03	Mostly false
04	Definitely false
d	DK
r	REF

7.3.38 Doctors and nurses look down on people who are in (SCHIP/MEDICAID). Is that…

01	Definitely true
02	Mostly true
03	Mostly false
04	Definitely false
d	DK
r	REF

7.3.40 Getting a child enrolled in (SCHIP/MEDICAID) whenever you want is easy if the child is eligible. Is that…

01	Definitely true
02	Mostly true
03	Mostly false
04	Definitely false
d	DK
r	REF

7.3.41 Children on (SCHIP/MEDICAID) get better health care than children with no insurance. Is that…

01	Definitely true
02	Mostly true
03	Mostly false
04	Definitely false
d	DK
r	REF

7.3.42 You are more likely to take risks than the average person. Is that…

01	Definitely true
02	Mostly true
03	Mostly false
04	Definitely false
d	DK
r	REF

7.3.43 Do you think it's better to plan your life far ahead or would you say that life is too much a matter of luck to plan ahead very far?

01	PLAN AHEAD
02	TOO MUCH LUCK
03	BOTH PLAN AHEAD AND LUCK
D	DK
R	REF

QUESTIONS ABOUT YOU AND OTHERS IN HOUSEHOLD

The next questions are about you and other people living in the household with (CHILD).

7.4.A   How many people are living in the household right now? Please include yourself and (CHILD).

	NUMBER OF PEOPLE IN HOUSEHOLD
d	DK
r	REF

7.4.1.1 Including yourself, how many people in the household are 18 years or older?

	NUMBER OF PEOPLE
d	DK
r	REF

7.4.1.2   Are you (CHILD)'s biological, step, adoptive parent or legal guardian?

1	BIOLOGICAL PARENT	GO TO 7.4.1.5
2	OTHER RELATIONSHIP	GO TO 7.4.1.3
D	DK	GO TO 7.4.1.3
R	REF	

7.4.1.3   Are you (CHILD)'s legal parent or guardian?

01	YES
02	NO
d	DK
r	REF

7.4.1.5   What is your gender?

01	MALE
02	FEMALE
r	REF

7.4.1.6   What was your age at your last birthday?

1	30 OR YOUNGER
2	31 TO 40
3	OLDER THAN 40
d	DK
r	REF

7.4.1.7   What is the highest grade or year of schooling you have completed?

1	HIGH SCHOOL NO DIPLOMA
2	HIGH SCHOOL DIPLOMA OR GED
3	ANY POST-SECONDARY EDUCATION
d	DK
r	REF

7.4.1.8   In what country were you born? (NOT IN PUBLIC ACCESS FILE)

01	USA	SKIP TO 7.4.1.12
02	ANY OTHER COUNTRY	
d	DK	
r	REF	

7.4.1.9   Are you a citizen of the United States?

01	YES
02	NO
d	DK
r	REF

IF 7.4.1.1=1 GO TO 7.60

7.4.5.1   Does (CHILD) have a/another biological, step, adoptive parent or legal guardian living in the household?

01	YES	
02	NO	GO TO 7.60
d	DK	
r	REF	

7.4.5.2   What is his/her relationship to (CHILD)?

1	BIOLOGICAL PARENT	GO TO 7.4.5.6
2	OTHER RELATIONSHIP	GO TO 7.4.5.3
D	DK	GO TO 7.4.5.3
R	REF	

7.4.5.3   Is he/she (CHILD)'s legal parent or guardian?

01	YES
02	NO
d	DK
r	REF

7.4.5.5   (DO NOT ASK IF ALREADY KNOWN) What is this person's gender?

01	MALE
02	FEMALE
r	REF

7.4.5.6   What was his/her age at his/her last birthday?

1	30 OR YOUNGER
2	31 TO 40
3	OLDER THAN 40
d	DK
r	REF

7.4.5.7 What is the highest grade or years of schooling he/she has completed?

1	HIGH SCHOOL NO DIPLOMA
2	HIGH SCHOOL DIPLOMA OR GED
3	ANY POST-SECONDARY EDUCATION
d	DK
r	REF

7.4.5.8 In what country was he/she born? (NOT IN PUBLIC ACCESS FILE)

01	USA	GO TO 7.4.6.0
02	ANY OTHER COUNTRY	
d	DK	
r	REF	

7.4.5.9 Is he/she a citizen of the United States?

01	YES
02	NO
d	DK
r	REF

7.4.6.0

IF TWO LEGAL PARENTS IN HOUSEHOLD (7.4.1.2=1 OR 3 OR 7.4.1.3=1) AND (7.4.5.2=1 OR 3 OR 7.4.5.3=1 YES) OR ONLY TWO ADULTS IN HOUSEHOLD (7.4.1.1=2) GO TO 7.60

7.4.6.1   Does (CHILD) have another biological, step, adoptive parent or legal guardian living in the household?

01	YES	
02	NO	GO TO
d	DK	7.60
r	REF	

7.4.6.2   What is his/her relationship to (CHILD)? (NOT IN PUBLIC ACCESS FILE)

01	BIOLOGICAL PARENT	GO TO 7.4.6.5
02	STEP PARENT	GO TO 7.4.6.3
03	ADOPTIVE PARENT	GO TO 7.4.6.5
04	OTHER	GO TO 7.4.6.3
D	DK	
R	REF	

7.4.6.3   Is he/she (CHILD)'s legal parent or guardian? (NOT IN PUBLIC ACCESS FILE)

01	YES
02	NO
d	DK
r	REF

7.4.6.5   (DO NOT ASK IF ALREADY KNOWN) What is this person's gender? (NOT IN PUBLIC ACCESS FILE)

01	MALE
02	FEMALE
r	REF

7.4.6.6   What was this person's age at his/her last birthday? (NOT IN PUBLIC ACCESS FILE)

	AGE
D	DK
R	REF

7.4.6.7   What is the highest grade or year of schooling he/she has completed? (NOT IN PUBLIC ACCESS FILE)

1	HIGH SCHOOL NO DIPLOMA
2	HIGH SCHOOL DIPLOMA OR GED
3	ANY POST-SECONDARY EDUCATION
d	DK
r	REF

7.5   In what country was he/she born? (NOT IN PUBLIC ACCESS FILE)

01	USA	GO TO 7.7
02	ANY OTHER COUNTRY	
d	DK	
r	REF	

7.6   Is he/she a citizen of the United States? (NOT IN PUBLIC ACCESS FILE)

01	YES
02	NO
d	DK
r	REF

7.7

LEGAL PARENT DETERMINATION
IF (7.4.1.2=1 OR 3) OR 7.4.1.3=1) THEN LPER1=TRUE IF LPER1=TRUE AND IF (7.4.5.2=1 OR 3) OR 7.4.5.3=1) THEN LPER2=TRUE. IF LPER1=FALSE AND IF (7.4.5.2=1 OR 3) OR 7.4.5.3=1) THEN LPER1=TRUE. IF LPER1=TRUE AND IF LPER=TRUE AND (7.4.6.2=1 OR 3) OR 7.4.6.3=1) THEN LPER2=TRUE.
IF LPER1=FALSE AND IF (7.4.6.2=1 OR 3) AND 7.4.6.3=1 THEN LPER1=TRUE

7.60

IF CHILD NOT CURRENTLY ENROLLED BY (SCHIP/MEDICAID) (2.2=02) OR **NOT** AN ESTABLISHED ENROLLEE GO TO 7.90 ELSE CONTINUE

REPEAT 7.63-7.79.1 FOR EACH LEGAL GUARDIAN (LPER1-2) LIVING IN HOUSEHOLD IF RESPONDENT IS LEGAL GUARDIAN OF CHILD CALL THIS PERSON "YOU" ELSE USE THE RELATIONSHIP FROM 7.4.5.2 (FOR LPER1 OR LPER2), OR 7.4.6.2 FOR (LPER2) TO THE CHILD TO IDENTIFY THE PERSON

7.63 (LPER1) AND 7.65 (LPER2)

The next questions are about insurance coverage of the legal parents of (CHILD). Are/Is (LPER1-2) covered by any health insurance, such as Medicaid or SCHIP, right now?

LPER1	LPER2		
01	01	YES	
02	02	NO	GO BACK TO 7.63
d	d	DK	OR TO 7.81 IF NO OTHER
r	r	REF	LEGAL PARENT

7.66   Is (CHILD)'s (LPER2) covered by the same health insurance as (LPER1)?

01	YES	SKIP REMAINDER OF (LPER2) QUESTIONS
02	NO	
d	DK	
r	REF	

7.70.1-7.70.5 (LPER1) AND 7.70.6-7.70.10 (LPER2)

Are/Is the (LPER1-2) covered by health insurance from an employer, a private insurance purchased directly from an insurance company, Medicaid, SCHIP, or any other health insurance coverage. If (LPER1-2) have/has more than one coverage, please mention all health insurance coverage (LPER1-2) currently have/has?

1	INSURANCE FROM A CURRENT OR PAST EMPLOYER OR UNION
2	PRIVATE INSURANCE PURCHASED DIRECTLY FROM AN INSURANCE COMPANY
3	MEDICAID
4	SCHIP
5	SOME OTHER TYPE OF COVERAGE I HAVE NOT YET MENTIONED
D	DK
R	REF

IF MORE THAN ONE INSURANCE IN 7.70 READ "any of the insurance plans" instead of "insurance coverage" in 7.71 to 7.76

IF COVERAGE FROM EMPLOYER IN 7.70 (A=YES)
GO TO 7.71. ELSE GO TO 7.72

7.71 (LPER1) AND 7.73 (LPER2) (IF ONLY HEALTH INSURANCE FROM EMPLOYER) Does the employer pay all, some or none of the premium for this health insurance?

(IF OTHER HEALTH INSURANCE BESIDES FROM EMPLOYER) For the health insurance from an employer, does the employer pay all, some or none of the premium for this health insurance?

LPER1	LPER2	
01	01	ALL
02	02	SOME
03	03	NONE
d	d	DK
r	r	REF

7.72 (LPER1) AND 7.74 (LPER2) Does the health insurance coverage require
(LPER1-2) to be signed up with a certain primary care doctor or clinic, which
(LPER1-2) has to go to for all routine care?

LPER1	LPER2	
01	01	YES
02	02	NO
d	d	DK
r	r	REF

7.76   Does this health insurance include coverage for the following services…

	01=YES 02=NO d=DK r=REF	01=YES 02=NO d=DK r=REF	
	LPER1	**LPER2**	
A AND A2			Doctors' visits for illness or injuries
B AND B2			Physical exams or routine check-ups
C AND C2			Emergency room visits
D AND D2			Hospital stays

IF 7.70 =SCHIP THEN GO TO 7.79.1.1
ELSE GO TO 7.79

7.79 (LPER1) AND 7.80 (LPER2)
Could (CHILD) be covered by this health insurance?

LPER1	LPER2		
01	01	YES	GO TO 7.79.1.1
02	02	NO	GO TO 7.90
d	d	DK	
r	r	REF	

7.79.1.1 (LPER1) AND 7.79.1.2 (LPER2)
For the health insurance from an employer, would the employer pay all, some or none of the premium to cover (CHILD)?

LPER1	LPER2	
01	01	ALL
02	02	SOME
03	03	NONE
d	d	DK
r	r	REF

> IF 7.70=SCHIP THEN GO TO 7.81
> ELSE GO TO 7.79.1

7.79.1 (LPER1) AND 7.79.2 (LPER2)
What is the main reason (CHILD) is not covered by this health insurance?

LPER1	LPER2		
01	01	ALREADY COVERED BY OTHER INSURANCE	IF OTHER LEGAL PARENT GO BACK TO 7.63 ELSE GO TO 7.81
02	02	TOO EXPENSIVE	
03	03	NOT NEEDED/ NOT WANTED	
04	04	SERVICES OFFERED NOT LIKED	
05	05	DOCTORS IN PLAN NOT LIKED	
06	06	DO/DOES NOT BELIEVE IN HEALTH INSURANCE FOR CHILD	
07	07	OTHER	
d	d	DK	
r	r	REF	

	OTHER SPOUSE DETERMINATION	

CONDITION 1:
(MORE THAN 1 ADULT IN HOUSEHOLD AND LPER1="YOU" AND LEGAL
PARENT (respondent) **AND** NO OTHER LEGAL PARENT (no LPER2))

IF 7.4.1.1>1 AND IF 7.4.1.2=1 OR 3 OR 7.4.1.3=YES) AND LPER2=0

CONDITION 2:
(MORE THAN 2 PEOPLE IN HOUSEHOLD AND LPER1="HE/SHE" AND LEGAL
PARENT (other adult in household) AND NO OTHER LEGAL PARENT - NO LPER2)

IF 7.4.1.1>2 AND IF 7.4.1.3=NO OR SKIPPED AND (IF 7.4.5.2=1 OR 3 OR
7.4.5.3=YES) AND LPER2=0

IF CONDITION 1=TRUE OR CONDITION 2=TRUE GO TO 7.81
ELSE GO TO 7.90

7.81   Are/Is (LPER1) married to someone else living in the household who is not a
legal parent or guardian of (CHILD)?

01	YES	
02	NO	GO TO 7.90
d	DK	
r	REF	

7.82   Is (NONGUARDIAN) covered by any health insurance, such as Medicaid or
SCHIP, right now?

01	YES	
02	NO	GO TO 7.90
d	DK	
r	REF	

7.83   (ONLY ASK IF 7.63=1) Is (NONGUARDIAN) covered by the same health
insurance as (LPER1)?

01	YES	GO TO 7.90
02	NO	
d	DK	
r	REF	

7.84.1 - 7.84.5

Is this person covered by health insurance from an employer, a private insurance purchased directly from an insurance company, Medicaid, SCHIP or any other health insurance coverage? If this person has more than one coverage, please mention all health insurance coverage this person currently has.

1	INSURANCE FROM A CURRENT OR PAST EMPLOYER OR UNION
2	PRIVATE INSURANCE PURCHASED DIRECTLY FROM AN INSURANCE COMPANY
3	MEDICAID
4	SCHIP
5	SOME OTHER TYPE OF COVERAGE I HAVE NOT YET MENTIONED
d	DK
r	REF

IF MORE THAN ONE INSURANCE IN 7.84 READ "any of the insurance plans" instead of "insurance coverage" in 7.85 to 7.89.1

IF COVERAGE FROM EMPLOYER IN 7.84 (A=YES)
GO TO 7.85. ELSE GO TO 7.90

7.85   Does the employer pay all, some or none of the premium for this health insurance?

(IF OTHER HEALTH INSURANCE BESIDES FROM EMPLOYER) For the health insurance from an employer, does the employer pay all, some, or none of the premium for this health insurance?

01	ALL
02	SOME
03	NONE
d	DK
r	REF

7.86 Does the health insurance coverage require this person to be signed up with a certain primary care doctor or clinic, which he/she has to go to for all routine care?

01	YES
02	NO
d	DK
r	REF

7.87 Does this health insurance include coverage to pay or help pay for the following services…

	01=YES 02=NO d=DK r=REF	
A		Doctors' visits for illness or injuries
B		Physical exams or routine check-ups
C		Emergency room visits
D		Hospital stays

GO TO 7.89.1

7.89.1 Could (CHILD) be covered by this health insurance?

01	YES	
02	NO	GO TO 7.90
d	DK	
r	REF	

7.89.1.1
For the health insurance from an employer, would the employer pay all, some, or none of the premium to cover (CHILD)?

01	ALL
02	SOME
03	NONE
d	DK
r	REF

7.89.2 What is the main reason (CHILD) is not covered by this health insurance?

01	ALREADY COVERED BY OTHER INSURANCE
02	TOO EXPENSIVE
03	NOT NEEDED/NOT WANTED
04	SERVICES OFFERED NOT LIKED
05	DOCTORS IN PLAN NOT LIKED
06	DO/DOES NOT BELIEVE IN HEALTH INSURANCE FOR CHILD
07	OTHER
d	DK
r	REF

HOUSEHOLD EARNINGS AND HEALTH CARE SPENDING

7.90   The next questions are about money people living in the household with (CHILD) have earned at a job or through self-employment. Remember this information is completely confidential and will not be reported to any agency or program.

REPEAT FOR EACH LEGAL GUARDIAN LIVING IN HOUSEHOLD (7.4.1.5=1 OR 7.4.5.5=1 OR 7.4.6.5=1)

START WITH RESPONDENT IF (LEGAL GUARDIAN OF CHILD), AND CALL THIS PERSON YOU ELSE USE RELATIONSHIP TO THE CHILD TO IDENTIFY THE PERSON

7.91 (LPER1) AND 7.92 (LPER2)
First/Next, in the past 12 months, did (LPER1-2) work at a job or business, either full-time or part-time, for pay or profit?

LPER1	LPER2	
01	01	YES
02	02	NO
d	d	DK
r	r	REF

HOUSEHOLD INCOME & HEALTH CARE SPENDING

7.93   In addition to earnings from jobs, household members often have other sources of income from the government, from private institutions or from their own savings. Examples are money received from welfare payments, food stamps, SSI, child support payments, unemployment compensation, cash value of vouchers, any money that is directly deposited to your bank account, or dividend or interest from stocks or bonds.

In the past 12 months, what was the total household income from jobs and all other sources of income?

1	LESS THAN $20,000	GO TO 7.102.1
2	$20,000 BUT LESS THAN $30,000	GO TO 7.102.1
3	$30,000 OR MORE	GO TO 7.102.1
d	DK	GO TO 7.99
r	REF	GO TO 7.103

7.99   Would you say your total household income from all sources was less than $25,000 or more than $25,000? (NOT IN PUBLIC ACCESS FILE)

01	Less than $25,000	GO TO 7.100
02	More than $25,000	GO TO 7.101
d	DK	GO TO 7.103
r	REF	

7.100   Would you say it was… (NOT IN PUBLIC ACCESS FILE)

01	Less than $5,000	GO TO 7.102
02	$5,000 but less than $10,000	
03	$10,000 but less than $15,000	
04	$15,000 but less than $20,000	
05	$20,000 but less than $25,000	
D	DK	
R	REF	

7.101   Would you say it was… (NOT IN PUBLIC ACCESS FILE)

01	$25,000 but less than $30,000
02	$30,000 but less than $40,000
03	$40,000 but less than $50,000
04	$50,000 but less than $60,000
05	$60,000 but less than $70,000
06	$70,000 but less than $80,000
07	$80,000 but less than $90,000
08	$90,000 but less than $100,000
09	More than $100,000
d	DK
r	REF

7.102.1 In the past two years, has anybody in the household received any benefits from TANF which used to be called AFDC? This includes yourself or any children in your household. (NOT IN PUBLIC ACCESS FILE—SEE "TANFORFS" IN ELECTRONIC CODEBOOK)

01	YES	
02	NO	
d	DK	
r	REF	

7.102.2 Including yourself, how many people in the household received food stamps in the past 2 years? (NOT IN PUBLIC ACCESS FILE—SEE "TANFORFS" IN ELECTRONIC CODEBOOK)

	NUMBER OF PEOPLE
D	DK
R	REF

7.103   During the past 12 months, about how much did your household spend on health
        care, that is money you or someone else in the household paid for doctors' visits,
        hospital stays, or prescription drugs? Please include all out-of-pocket expenses
        that health insurance does not or will not pay for. Do not include any cost for
        health insurance premiums or dental care.

0	DID NOT PAY ANYTHING	GO TO 7.109
1	LESS THAN $500	GO TO 7.109
2	$500 BUT LESS THAN $1,000	GO TO 7.109
3	$1,000 OR MORE	GO TO 7.109
D	DK	GO TO 7.105
r	REF	GO TO 7.109

7.105   Would you say your household spending on health care was… (NOT IN
        PUBLIC ACCESS FILE)

01	Less than $500
02	$500 but less than $1,000
03	$1000 but less than $2,000
04	$2,000 but less than $3,000
05	$3,000 but less than $4,000
05	$4,000 but less than $5,000
06	$5,000 or more
D	DK
R	REF

DEMOGRAPHICS OF (CHILD)

I would like to find out a little more about (CHILD)'s background.

7.109   Do you consider him/her to be of Hispanic or Latino origin? (NOT IN PUBLIC
ACCESS FILE—SEE "ETH_RACE" IN ELECTRONIC CODEBOOK)

01	YES	GO TO 7.110
02	NO	GO TO 7.111
D	DK	
R	REF	

7.110   What Hispanic or Latino group do you consider him/her to belong to? Is it…
(NOT IN PUBLIC ACCESS FILE)

01	Mexican
02	Puerto Rican
03	Cuban
04	Some other Hispanic or Latino group
d	DK
r	REF

7.111 - 7.116
Which of the following best describes his/her racial background? Is it… (NOT
IN PUBLIC ACCESS FILE—SEE "ETH_RACE" IN ELECTRONIC
CODEBOOK)

1	White
2	American Indian
3	Alaska Native
4	Black or African American
5	Asian/ Pacific Islander
6	Other
d	DK
r	REF

7.120   What is the main language spoken in this household?

01	ENGLISH
02	OTHER LANGUAGE
D	DK
R	REF

The last questions are about the telephones in your households. We need this information so that households are correctly represented in our sample.

8.5   During the past 3 months, was there any time when you did not have a working telephone in your household for 2 weeks or more?

01	YES	GO TO 8.6
02	NO	GO TO 8.15.2
d	DK	
r	REF	

8.6   For how many of the past 3 months did your household not have a working telephone?

	NUMBER OF MONTHS
d	DK
r	REF

I have your zip code as (CURRENT ZIP CODE). Is that correct?

01	YES	GO TO 8.16.1
02	NO	GO TO 8.15.2
d	DK	GO TO 8.16.1
r	REF	

8.15.2 Can I please have your correct zip code?

	ZIP CODE
r	REF

8.16.1 Can I please verify your address so we can send you a thank you letter?

STREET ADDRESS (q8_address)	GO TO 8.17
CITY (q8city)	
STATE (q8_state)	
REF	GO TO 8.16.1

8.17 These are all the questions we have. Your opinion is very important to us. Thank you very much for all your time.

CHILD: The child in the household who has been sampled for the survey and is the focus of the interview.

CURRENT MONTH: The month (and year) of the interview.

CURRENT STARTDATE: See STARTDATE.

DISENROLLEE: One of three possible classifications of CHILD for purposes of assigning the timelines of interest (see TIMELINE) during the interview. This classification includes CHILD sampled as a recent disenrollee for the survey and not switched to an established enrollee survey because they report being on the SCHIP/MEDICAID for 6 months or more. (Note that a CHILD reported disenrolled 12+ months is assigned to an abbreviated questionnaire; see SWITCH TO SHORTENED SURVEY). See Appendix B for additional information on the survey questions that disenrollees received.

ENDDATE: The date (month and year) that CHILD most recently disenrolled from SCHIP/MEDICAID. For a DISENROLLEE who reports being reenrolled, this is the PREVIOUS ENDDATE; for all other children this is the LAST ENDDATE.

ESTABLISHED ENROLLEE: One of three possible classifications of CHILD for purposes of assigning the timelines of interest (see TIMELINE) during the interview. This classification includes: CHILD sampled as an established enrollee for the survey; and CHILD sampled as a recent enrollee or disenrollee but switched to this classification because they were reported to have been enrolled, respectively, for 12 or 6 months or more. (Note that if CHILD is reported disenrolled 12+ months, an abbreviated questionnaire is completed; see SWITCH TO SHORTENED SURVEY). See Appendix B for additional information on the survey questions that established enrollees received.

NEW ENROLLEE: One of three possible classifications of CHILD for purposes of assigning the timelines of interest (see TIMELINE) during the interview. This classification includes CHILD sampled as a new (recent) enrollee for the survey and not switched to an established enrollee survey because they report being on the SCHIP/MEDICAID for 12 months or more. (Note that if CHILD is reported disenrolled 12+ months, an abbreviated questionnaire is completed; see SWITCH TO SHORTENED SURVEY). See Appendix B for additional information on the survey questions that new enrollees received.

LAST ENDDATE: See ENDDATE.

LPER1:   The first legal parent or guardian of CHILD that is identified during the interview.   LPER1 is generally the survey respondent.   The only exception is if the survey respondent does not meet the definition of legal parent or guardian. See Question 7.7 of the survey for additional details.

LPER2: The second legal parent or guardian of CHILD, if any, that is identified during the interview. See Question 7.7 of the survey for additional details.

MEDICAID/SCHIP: The program that the sampled child DID NOT currently participate in (if sampled as an enrollee), or recently disenroll from (if sampled as a disenrollee), at the time of sampling. If this program is Medicaid, the name of the state's Medicaid program (for example, Medi-Cal) is used in the interview; if this program is SCHIP, the name of the state's SCHIP (for example, Healthy Families) is used in the interview.

MONTHS SINCE COVERAGE ENDED: Length of time since SCHIP/MEDICAID coverage ended.   It is calculated as the number of months between the CURRENT MONTH and ENDDATE.   Applies only to CHILD reported to be disenrolled.   For DISENROLLEE who reenrolled, see MONTHS BETWEEN COVERAGE.

MONTHS OF COVERAGE: Length of SCHIP/MEDICAID coverage.   For NEW ENROLLEE and ESTABLISHED ENROLLEE reported still enrolled, it is calculated as the number of months between CURRENT MONTH and STARTDATE.   For CHILD reported to have disenrolled, it is calculated as the number of months between STARTDATE and ENDDATE. For DISENROLLEE who reenrolled, see MONTHS OF PREVIOUS COVERAGE.

MONTHS OF PREVIOUS COVERAGE: Similar to MONTHS OF COVERAGE but applies to DISENROLLEE who reenrolled. It is calculated as number of months between PREVIOUS STARTDATE and PREVIOUS ENDDATE.

MONTHS BETWEEN COVERAGE: Similar to MONTHS SINCE COVERAGE ENDED but applies to DISENROLLEE who reenrolled.   It is calculated as number of months between CURRENT STARTDATE and PREVIOUS ENDDATE.

PREVIOUS ENDDATE: See ENDDATE.

PREVIOUS STARTDATE: See STARTDATE.

SCHIP/MEDICAID: The program, either SCHIP or Medicaid, that the sampled child currently participated in (if sampled as an enrollee) or recently disenrolled from (if sampled as a disenrollee) at the time of sampling. If this program is SCHIP, the name of the state's SCHIP (for example, Healthy Families) is used in the interview this program; if this program is Medicaid, the name of state's Medicaid program (for example, Medi-Cal) is used in the interview.

STARTDATE: The month and year that the CHILD enrolled in SCHIP/MEDICAID. For DISENROLLEES who are reported to have reenrolled, there are two start dates of interest—the one pertaining to their current enrollment (called CURRENT STARTDATE) and the one pertaining to their prior enrollment (called PRIOR STARTDATE). For all others, the start date of interest is the most recent. This is either referred to as CURRENT STARTDATE if they are reported to still be enrolled or PRIOR STARTDATE if they are reported to be disenrolled.

SWITCH TO SHORTENED SURVEY: Finish the survey with an abbreviated set of questions related to the demographic characteristics of the CHILD and LPER1. This may result, for example, because CHILD is reported to be disenrolled for 12 or months (placing them well outside the three sample domains—new enrollee, established enrollee, and disenrollee—for the survey).

TIMEFRAME: This term refers to the period of interest for a particular question. The timeframe varies by section and by a combination of the classification of the child for purposes of completing the survey (see NEW ENROLLEE, ESTABLISHED ENROLLEE, or DISENROLLEE) and whether or not they are on SCHIP/Medicaid at the time of the interview. There are five timelines specified in the survey questionnaire; they include:

(1) TIMEFRAME1, Section 3 (Coverage): Pertains to the period of SCHIP/MEDICAID coverage. (The length of the timeframe is specified in each question). Specifically, the timeframe applies to the different sample classifications as follows:

> NEW/ESTABLISHED ENROLLEES WHO ARE STILL ENROLLED: Timeframe is the current period with SCHIP/Medicaid coverage.

> NEW/ESTABLISHED ENROLLEES WHO ARE DISENROLLED: Timeframe is the last period with SCHIP/Medicaid coverage.

> DISENROLLEES WHO ARE STILL DISENROLLED: Timeframe is the last period with SCHIP/Medicaid coverage.

> DISENROLLEES WHO REENROLLED: Timeframe is the prior period with SCHIP/Medicaid coverage.

(2) TIMEFRAME2, Section 3 (Coverage): Pertains to the period *before* the start of the SCHIP/MEDICAID coverage. (The length of the timeframe is specified in each question). DISENROLLEES are not asked questions related to this timeframe. Specifically, the timeframe applies to the different sample classifications as follows:

> NEW/ESTABLISHED ENROLLEES WHO ARE STILL ENROLLED: Timeframe is the period before current SCHIP/Medicaid coverage.

NEW/ESTABLISHED ENROLLEES WHO ARE DISENROLLED: Timeframe is the period before last Medicaid/SCHIP coverage.

(3) TIMEFRAME3, Section 3 (Coverage): Pertains to the period *after* the end of SCHIP/MEDICAID coverage. (The length of the timeframe of is specified in each question). Only DISENROLLEES, and ESTABLISHED ENROLLEES who report being disenrolled, are asked questions related to this timeframe. Specifically, the timeframe applies to the different sample classifications as follows:

ESTABLISHED ENROLLEES WHO DISENROLLED: Timeframe is the period after last SCHIP/Medicaid coverage.

DISENROLLEES WHO ARE STILL DISENROLLED: Timeframe is the period after last SCHIP/Medicaid coverage.

DISENROLLLEES WHO ARE REENROLLED: Timeframe is the period after prior SCHIP/Medicaid coverage.

(4) TIMEFRAME1, Sections 5 & 6 (Health Care): Pertains to the focal period of interest for measuring the health care experiences of children in the sample. For NEW ENROLLEES, this is the period *before* the SCHIP/MEDICAID coverage. For ESTABLISHED ENROLLEES and DISENROLLEES, this is the period *after* the start of SCHIP/MEDICAID coverage. The exact timeframe of interest in both these periods is the most recent six months unless it is shorter than six months in length for some reason (in which case it is the full length of the period). For example, for a NEW ENROLLEE born three months before enrolling, Timeframe1 is this three month period before enrolling. Specifically, the timeframe applies to the different sample classifications as follows:

NEW ENROLLEES WHO ARE STILL ENROLLED: Timeframe is before the current period with SCHIP/Medicaid coverage.

NEW ENROLLEES WHO ARE DISENROLLED: Timeframe is before the last period with SCHIP/Medicaid coverage.

ESTABLISHED ENROLLEES WHO ARE STILL ENROLLED: Timeframe is the current period with SCHIP/Medicaid coverage.

ESTABLISHED ENROLLEES WHO ARE DISENROLLED: Timeframe is the last period with SCHIP/Medicaid coverage.

DISENROLLEES WHO ARE STILL DISENROLLED: Timeframe is the last period with SCHIP/Medicaid coverage.

DISENROLLEES WHO REENROLLED: Timeframe is the prior period with SCHIP/Medicaid coverage.

(5) TIMEFRAME2, Sections 5 & 6 (Health Care): Pertains to the secondary period of interest for measuring the health care experiences of selected children in the sample. For NEW ENROLLEES, this is the period *after* the start of the start of the SCHIP/Medicaid coverage on which the child was sampled for the survey. For DISENROLLEES, AND ESTABLISHED ENROLLEES who have disenrolled, this is the period *after* the end of their SCHIP/MEDICAID coverage. ESTABLISHED ENROLLEES who are still enrolled are not asked about this timeframe. The exact timeframe of interest in both these periods is the most recent six months or the full length of the period if it is less than 6 months. The timeframe applies to the different sample domains as follows:

> NEW ENROLLEES WHO ARE STILL ENROLLED: Timeframe is the current period with SCHIP/Medicaid coverage.

> NEW ENROLLEES WHO ARE DISENROLLED: Timeframe is after the last period with SCHIP/Medicaid coverage.

> ESTABLISHED ENROLLEES WHO ARE STILL ENROLLED: Not applicable.

> ESTABLISHED ENROLLEES WHO ARE DISENROLLED: Timeframe is after the last period with SCHIP/Medicaid coverage.

> DISENROLLEES WHO ARE STILL DISENROLLED: Timeframe is the after the last period with SCHIP/Medicaid coverage.

> DISENROLLEES WHO REENROLLED: Timeframe is after the prior period with SCHIP/Medicaid coverage.

USUAL PLACE OF CARE. The location that CHILD usually would go to seek medical care as defined by Question 5.1.